

Name  
in  
Full

Stephen A. Bradley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

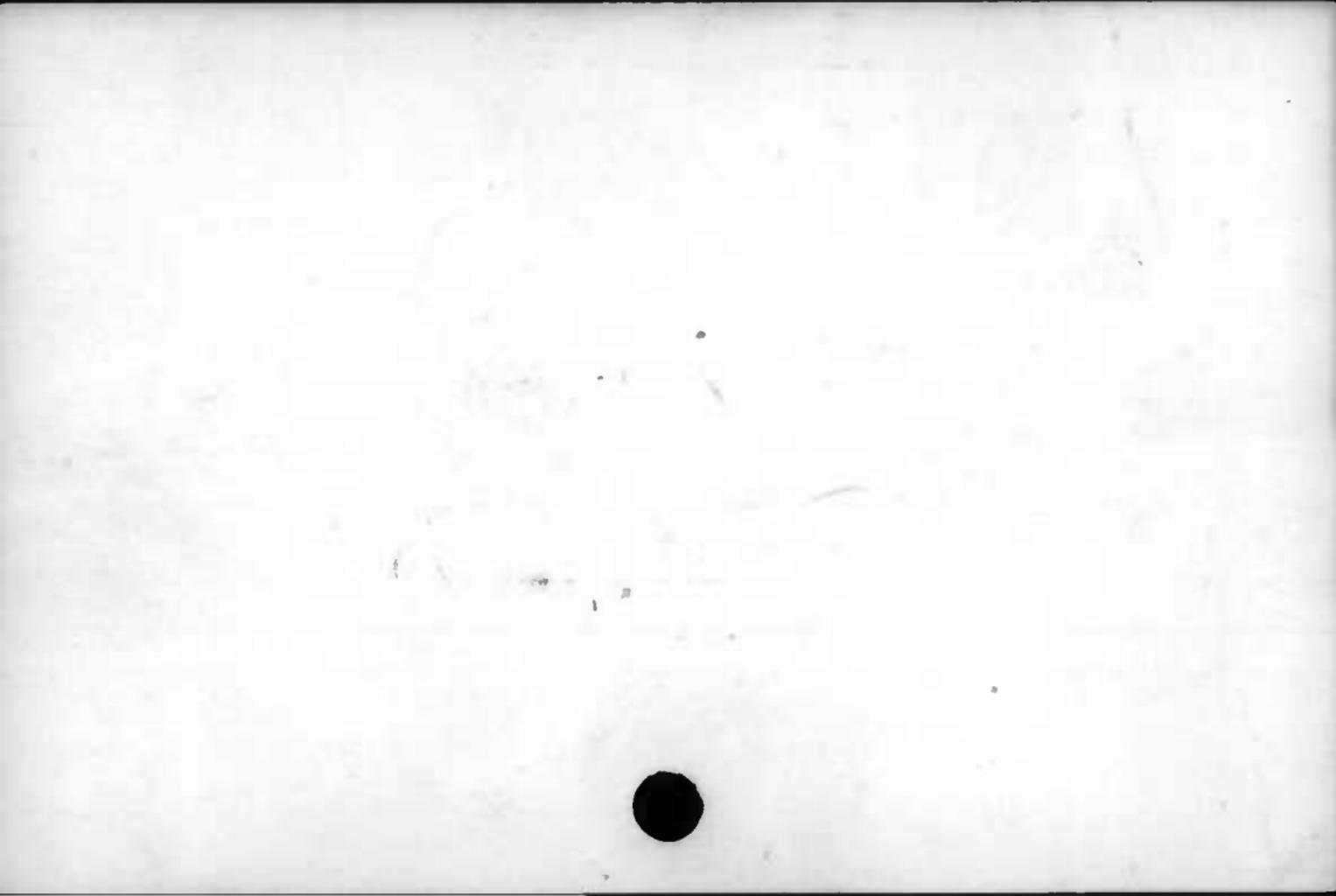
Died at <u>Mountaine</u> Town		County <u>Holmes</u>		MARYLAND	
Date of death <u>1907 Nov</u>	Month <u>Nov</u>	Day <u>2</u>	Years <u>17</u>	Months <u>4</u>	Days <u>2</u>
Sex <u>Male</u>	Color <u>Black</u>	Age <u>17</u>		Birthplace <u>mountain</u>	
Occupation <u>Farm hand</u>		Where Residing if not at place of death <u>✓ ✓</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>✓</u>		Father's Birthplace <u>Richmond Va.</u>	
Father's Name <u>Andrew J. Bradley</u>		Mother's Birthplace <u>Bolton Co.</u>		Mother's Maiden Name <u>Annie Buff</u>	
Name of person giving information <u>Mother of deceased</u>		How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

Primary <u>Typhoid fever</u>	①	How long <u>21 days</u>
Immediate <u>Hemorrhage</u>		How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
<u>Yes</u>	<u>Charles Bradley M.D.</u>	
Accident or Suicide?	<u>Bradley, M.D.</u>	

PHYSICIAN  
OR CORONER

*✓*



Name  
in  
Full

Martha E. Baldwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Baldwin	Warford		6	Months	Days
Date of death	Month	Day	Age	Years	
1907 Nov	11		80		
Sex	Female	Color or Race	Where Residing if not at place of death		
Occupation	Housekeeper		Baldwin Md		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Silas Baldwin		Father's Birthplace	Md	
Mother's Maiden Name	Charlotte Street		Mother's Birthplace	Md	
Name of person giving Information	Sallie E. Esbinton		How related to deceased	Niece	

CAUSES OF DEATH

64

How long

Two years

PHYSICIAN  
OR CORONER

Primary

Immediate

Apoplexy

Are the name, age, sex, color, date and place correctly given above?

Yes

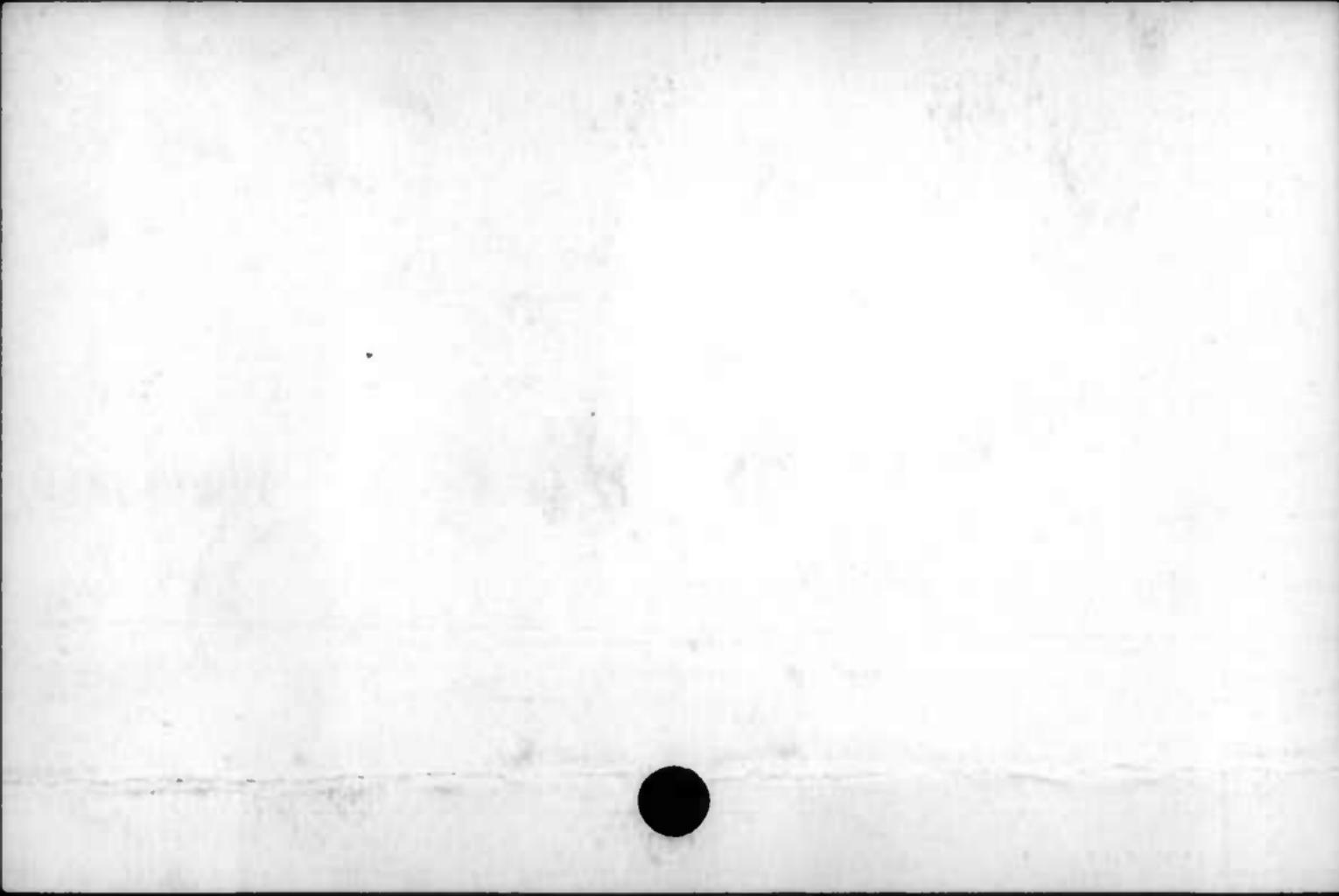
Signature of Physician

G. W. Davis (Per Walking)

Address

Pleasantville Md.

Accident or Suicide?



Name  
in  
Full

Elsie May Broegel

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Byrnside</u> own		County <u>Harpers</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>16</u>	Years <u>23</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-Place <u>Md.</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Chas. F. Broegel</u>	Father's Birthplace <u>Baltimore</u>				
Mother's Maiden Name <u>S. O'Donnell</u>	Mother's Birthplace <u>Harpers C. M.</u>				
Name of person giving Information <u>Jas. H. Blake</u>	How related to deceased <u>cousin</u>				

CAUSES OF DEATH

27

Primary

- Pulmonary TB

How long

- 2 yrs -

Immediate

-

How long

Are the name, age, sex, color, date and place correctly given above?

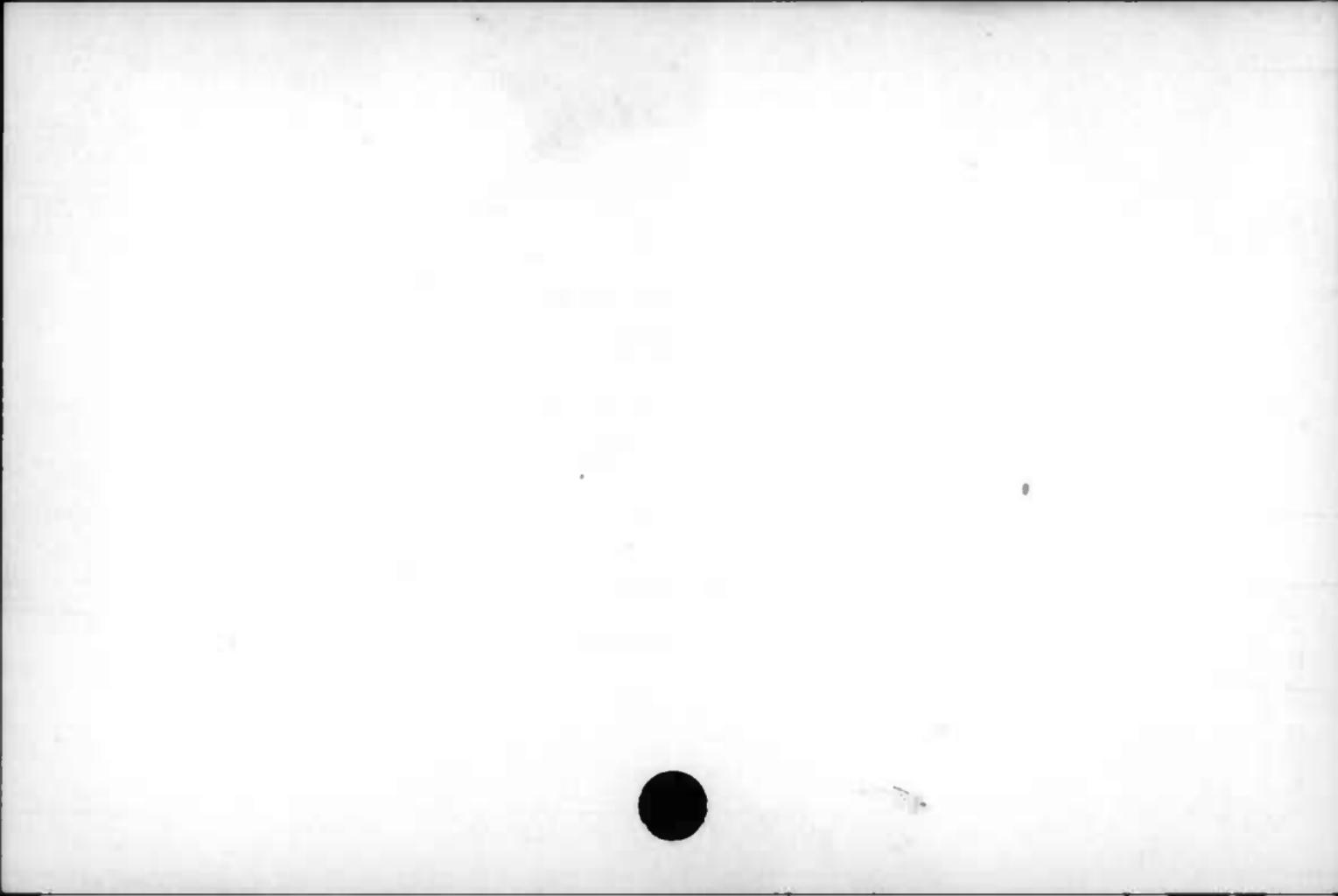
yes

Signature of Physician

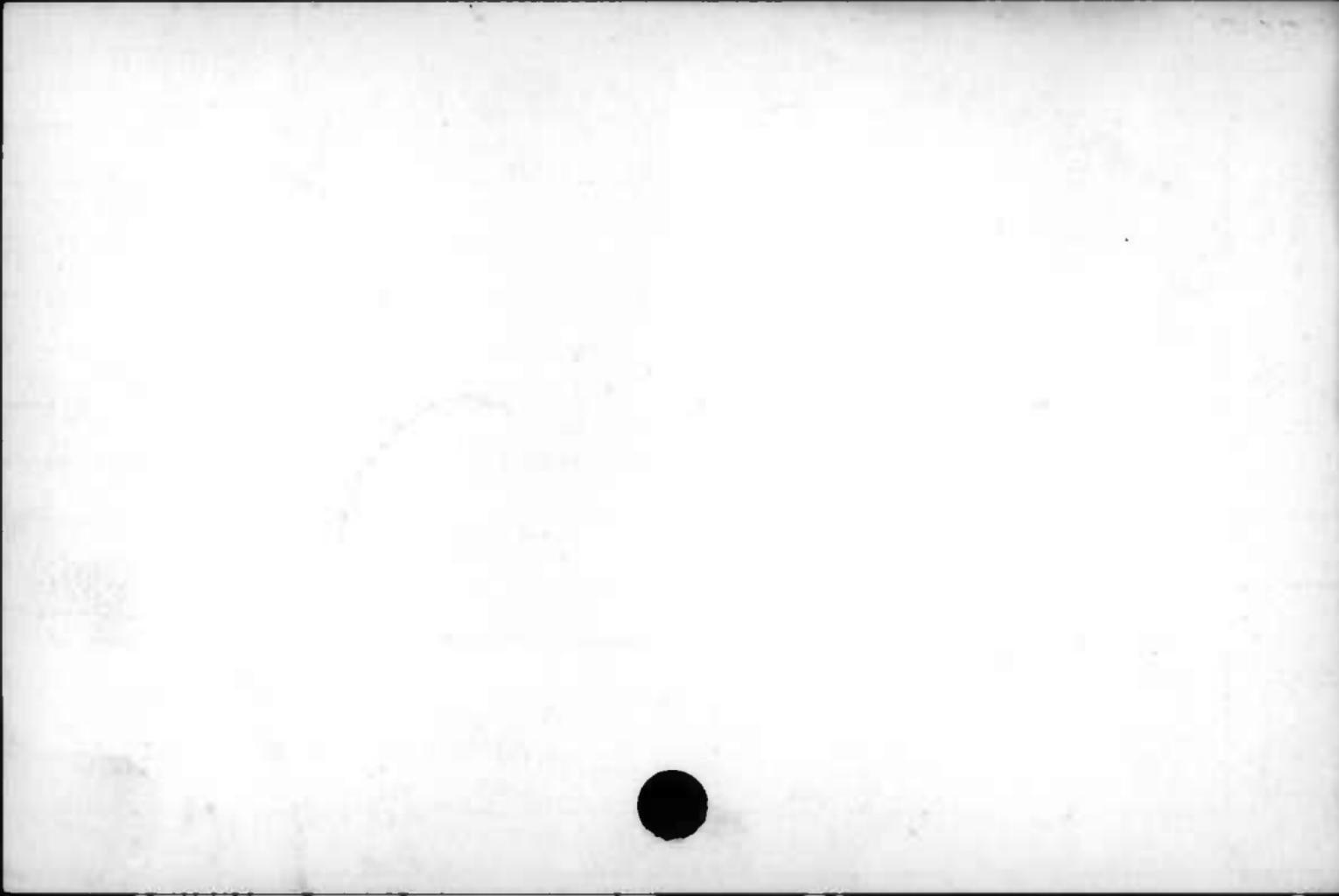
Address

E. Steele R. Richardson  
Baltimore

Accident or Suicide?



S. Rose Corner						CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND			
Date of death	1907	Month Nov 23	Day 23	Years 41	Months 8	Days 10		
Sex	Male	Color or Race	White		Birth-place	Baltimore		
Occupation	Farmer		Where Residing if not at place of death			Baltimore		
Married, Single or Widowed	Single	Name of Wife or Husband						
Father's Name	Solomon Corner			Father's Birthplace	Baltimore			
Mother's Maiden Name	Sarah Rose			Mother's Birthplace	Baltimore			
Name of person giving information	J. J. Corner			How related to deceased	brother			
CAUSES OF DEATH								
Primary	Gunshot wound			How long	unconscious			
Immediate	325			How long	"			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
				Address				
Cause of death								



Name  
in  
Full

William Alexander Drury

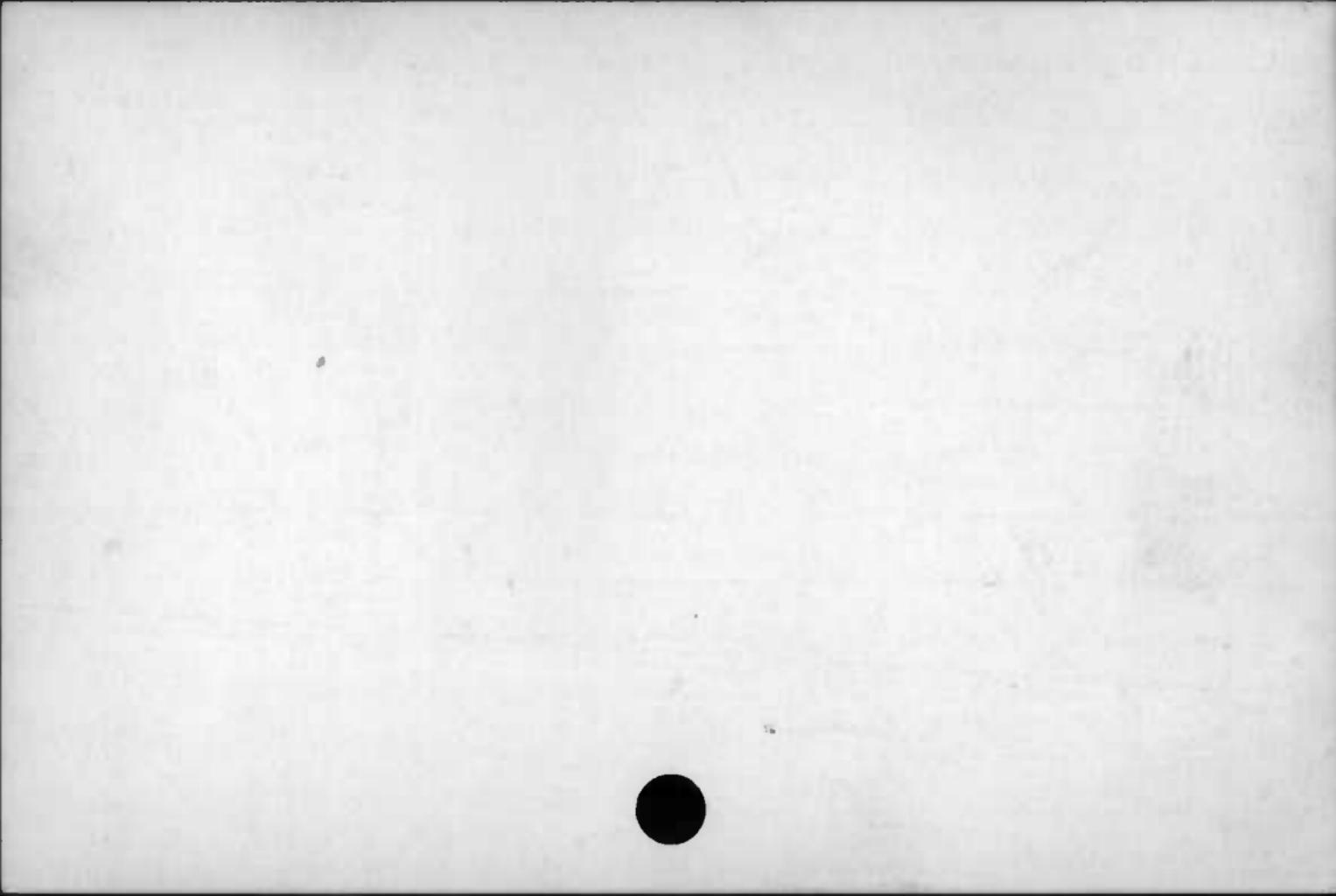
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*D*

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not st place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		
Father's Name	Tom H. Drury		Murf Co		
Mother's Maiden Name	Mary Jane Robison		Mother's Birthplace		
Name of person giving Information	Alex. Drury		How related to deceased		
CAUSES OF DEATH					
Primary	Typhoid Fever		1 How long 2 weeks		
Immediate	Heart Failure		How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			Address		
Accident or Suicide?					



Name  
in  
Full

Charlotte Ann Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907 Nov.	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Age	55	
Occupation	house wife	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	George W. Evans -			
Father's Name	Joshua Cowan -		Father's Birthplace			md
Mother's Maiden Name	Lane Armendariz		Mother's Birthplace			md -
Name of person giving information	Geo. W. Evans		How related to deceased			Husband -

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

one week

Immediate

Heart Failure

24 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

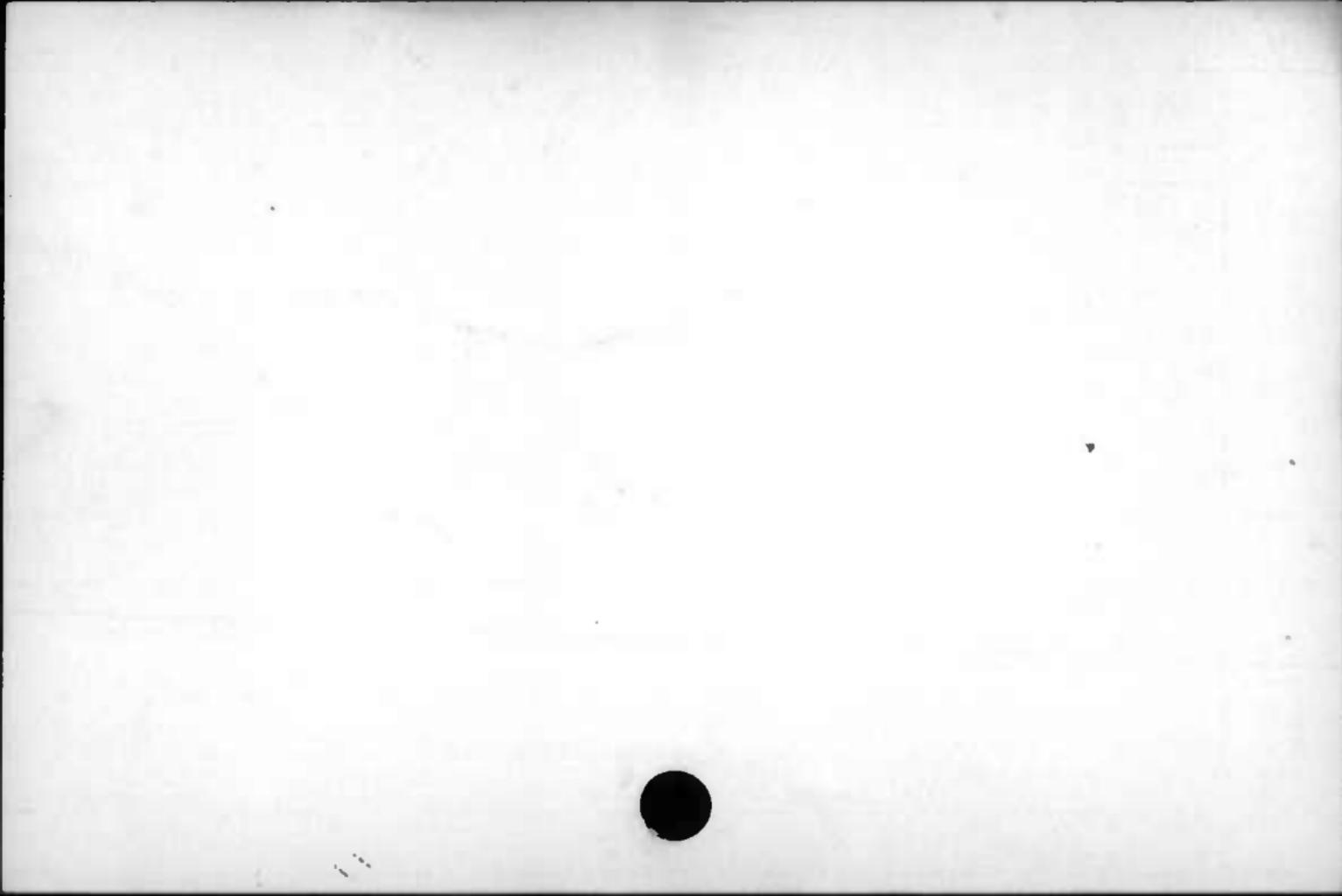
Lanes Ft Goshen

Fox

md -

Accident or Suicide?

9





Mt Olivet Pa.

11-27-07

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Kate E Ford

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1907	Month Nov	Day 14	Years 63	Months 3	Days 1
Sex	Female	Color or Race	White	Birth-place Maryland		
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Husband	William H Ford			
Father's Name	James R Barr			Father's Birthplace	Maryland	
Mother's Maiden Name	Eliza J Redding			Mother's Birthplace	Maryland	
Name of person giving Information	Barber R Ford			How related to deceased	Son	

CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary

Cancer

How long

3 Mo.

Immediate

Heart failure

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

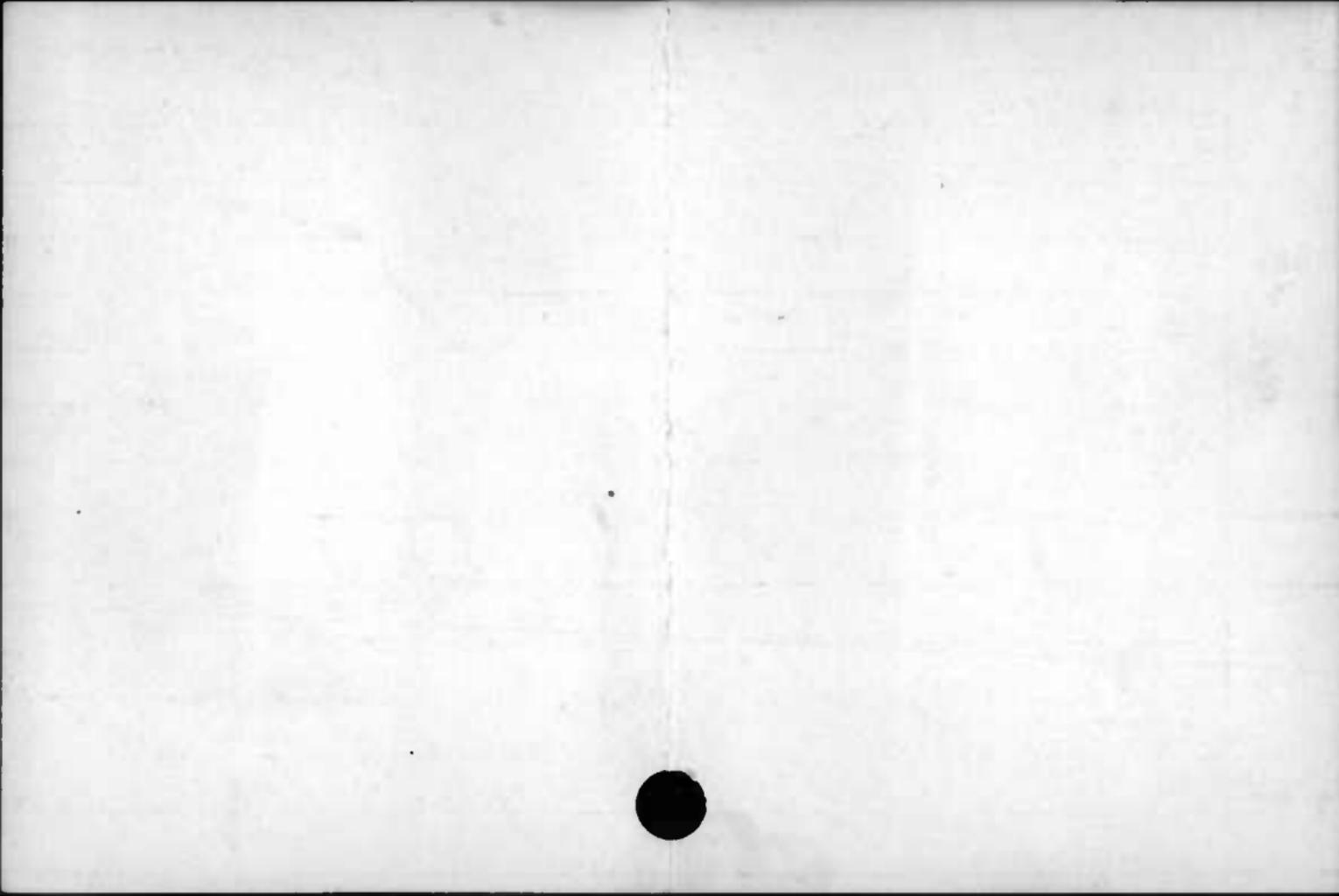
yes

Signature of Physician

Address

J. H. O'Brien  
Parryman  
Md.

Accident or Suicide?



Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Henry Forman 59

CERTIFICATE OF DEATH

Died at	Town		County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birthplace		
Occupation	Where Residing if not at place of death		Bel Air			
Married, Single or Widowed	Name of Wife or Husband		Rosa Forman			
Father's Name	Stephen Forman				Father's Birthplace	
Mother's Maiden Name	Charriett Forman				Mother's Birthplace	
Name of person giving Information	Adrey Forman				How related to deceased	

CAUSES OF DEATH

29

Primary	Tubercular Pneumonia 4 years	
Immediate	Halticular	
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Signature of Physician		
Address		
Accident or Suicide?		

PHYSICIAN  
OR CORONER

400 Hudson Street  
120

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Date of death	1907	Month Nov	Day 13	Years 75	Months	Days	
Sex	Male	Color or Race	White		Birth-Place	England	
Occupation	Fisherman		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Harriet Fox		Father's Birthplace	England	
Father's Name	Samuel Fox				Mother's Birthplace	England	
Mother's Maiden Name	Elizabeth Freivald				How related to deceased	Nephew	
Name of person giving information	John Filmore Kibble				How long	6 mos.	

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary

Catastrophic Gustavis

How long

Immediate

Anaemia

How long

Are the name, age, sex, color, date and place correctly given above?

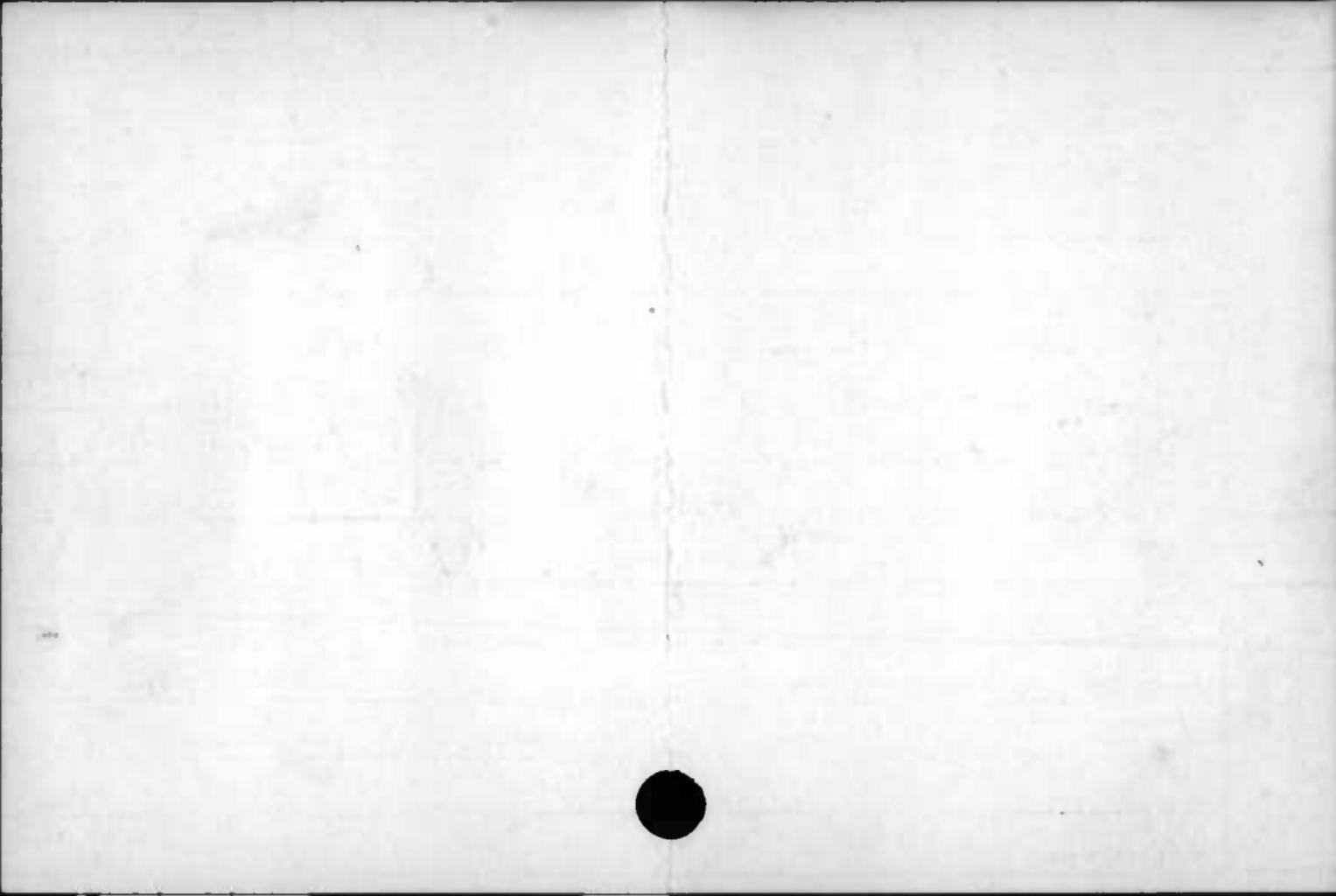
Signature of Physician

yes

Address

J. H. Stier  
Physician  
Med.

Accident or Suicide?



Veronica A. Giles

## CERTIFICATE OF DEATH

MARYLAND

Died <del>at</del> near Aberdeen		Town	County	
Date of death 1907	Month Nov	Day 1	Years 1	Months 3
Sex Female	Color or Race colored	Birthplace Hayford Co., Md.		
Occupation None	Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband			
Father's Name Isaac Giles	Father's Birthplace Hayford Co.			
Mother's Maiden Name Annie Thompson	Mother's Birthplace Hayford Co.			
Name of person giving Information Isaac Giles	How related to deceased Father			

## CAUSES OF DEATH

179

How long

Two hours  
short time

Primary

Unknown

Immediate

Unknown

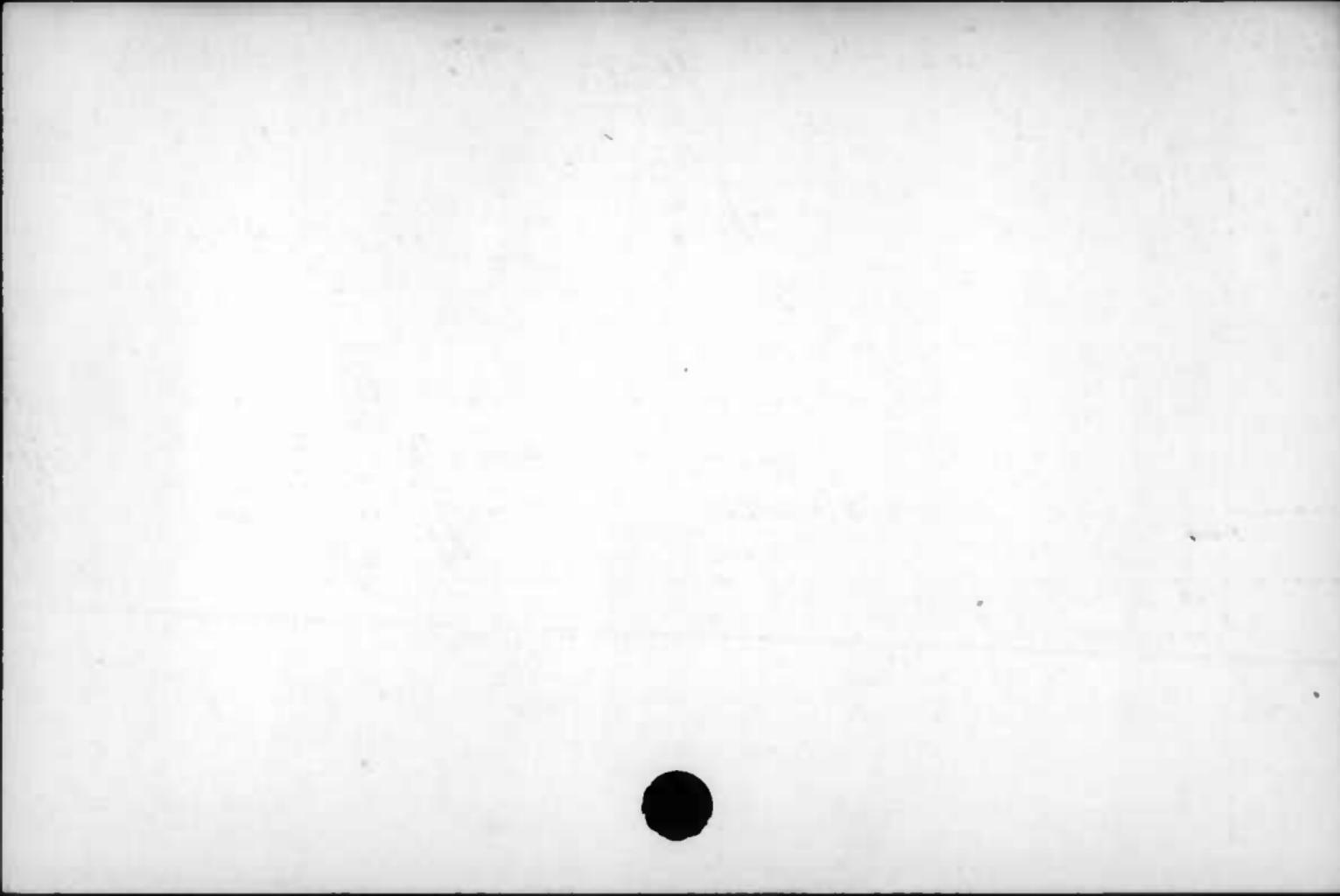
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Kennedy  
Aberdeen, Md.

Accident or Suicide?



Name  
in  
Full

John Arthur Griffith

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Scarborough Town Harford County

MARYLAND

Date of death 1907 Month Nov Day 7 Age 8 Years Months 0 Days 0

Sex male

Color or Race

white

Birthplace

Occupation

Where Residing if not at place of death

Scarborough

Married, Single or Widowed

Name of Wife or Husband

single

Father's Name

Bareley Griffith

Father's Birthplace

Scarborough

Mother's Maiden Name

Mary Reynolds

Mother's Birthplace

Scarborough

Name of person giving Information

John Stolka

How related to deceased

son

CAUSES OF DEATH

116

How long

3 days

PHYSICIAN  
OR CORONER

Primary

Pertonitis

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

C. J. Gannon

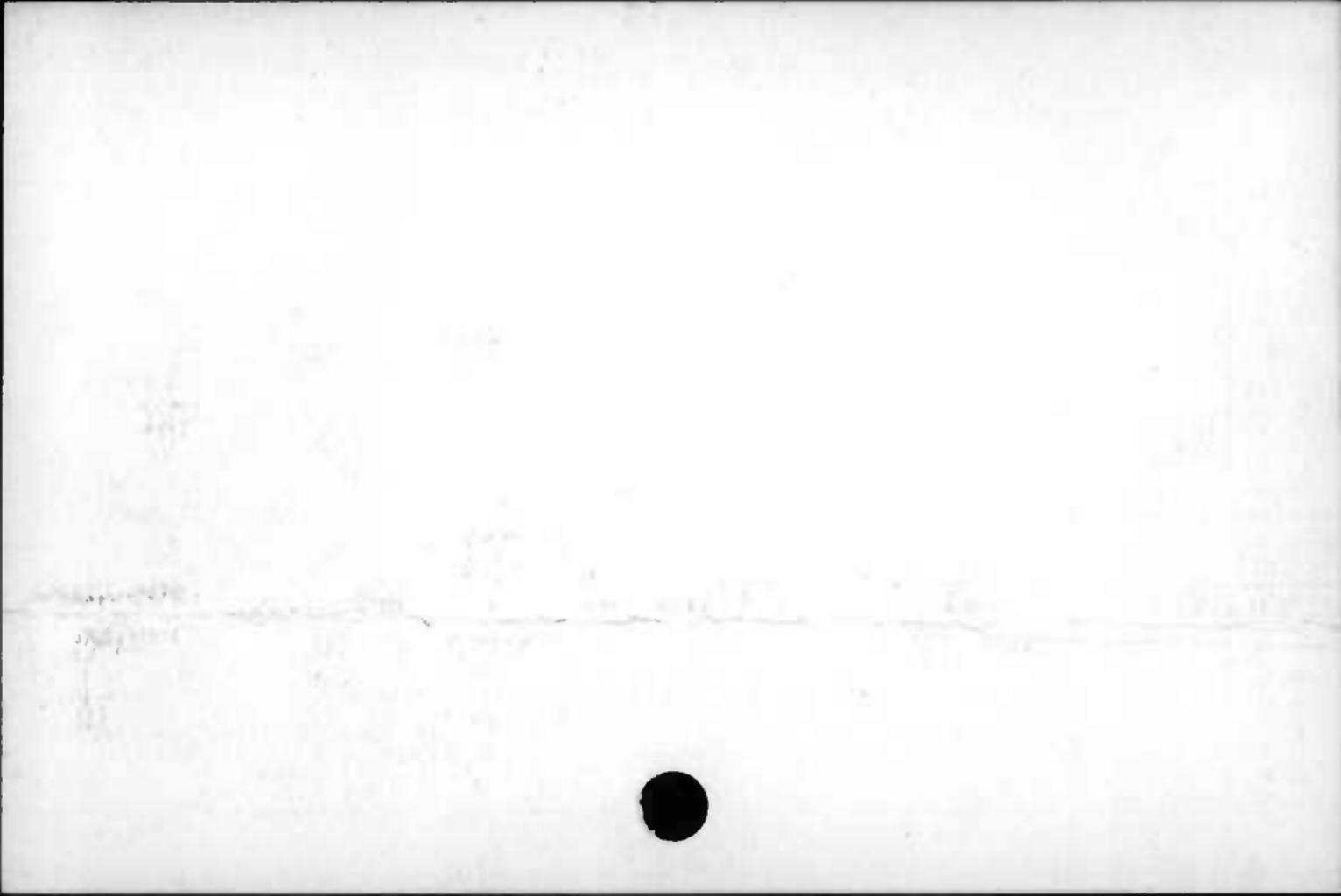
yes

Address

Street

Andr.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

I

John Enfield Bond Harris

Dec 21 1889

CERTIFICATE OF DEATH

MARYLAND

Died at Poole

Town

County  
Harford

Date of death 1907

Month  
Nov

Day  
3

Years  
18

Months

Days

Sex Male

Color or  
Race

African

Birth-  
place

Harford Co Md

Occupation

Laborer

Where Residing if not  
at place of death

at Poole

Married Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Hazzard John Bond

Father's  
Birthplace

Harford Co Md

Mother's  
Maiden Name

Sarah Elizabeth Harris

Mother's  
Birthplace

Harford Co Md

Name of person giving  
Information

Hazzard Harris

How related  
to deceased

3d Father

CAUSES OF DEATH

47

How long

4 days

How long

4 days

Primary

Rheumatism

Immediate

Pericarditis

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

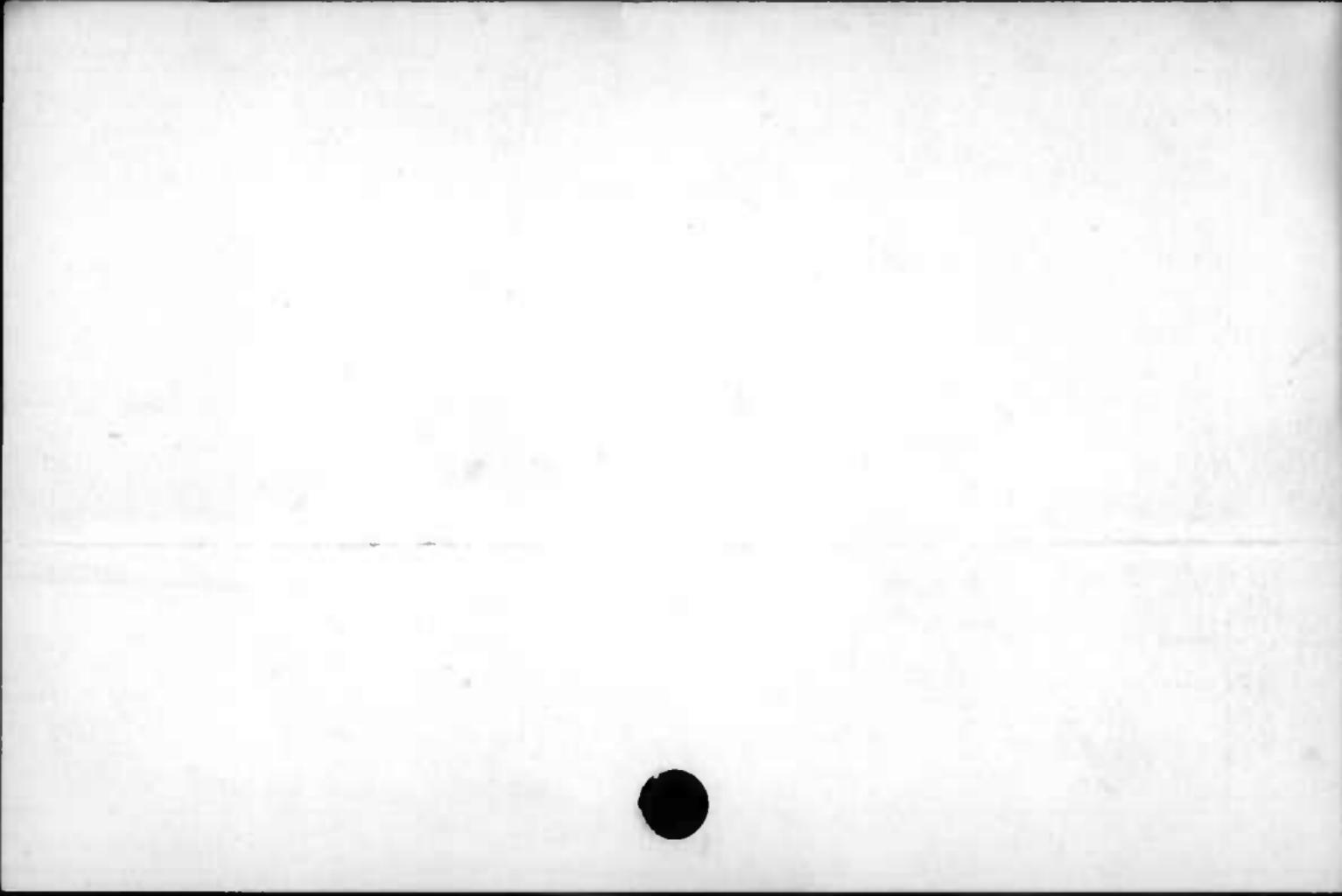
Address

Ephr<sup>m</sup> Hopkins

Darlington

Mid

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Sarah Elizabeth Harvey

## CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1907 Nov 12	Day	Age	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place		
Occupation	House Wife	Where Residing if not at place of death				
Married, <u>yes</u> Widowed	Name of Wife or Husband	Balwyn				
Father's Name	Robert Mallock	Father's Birthplace				
Mother's Maiden Name	Susanna Mitchell	Mother's Birthplace				
Name of person giving information	John Harvey	How related to deceased				

## CAUSES OF DEATH

64

Primary	Appoplexy	How long	11 days
Immediate	Paralysis Cardiac failure	How long	

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

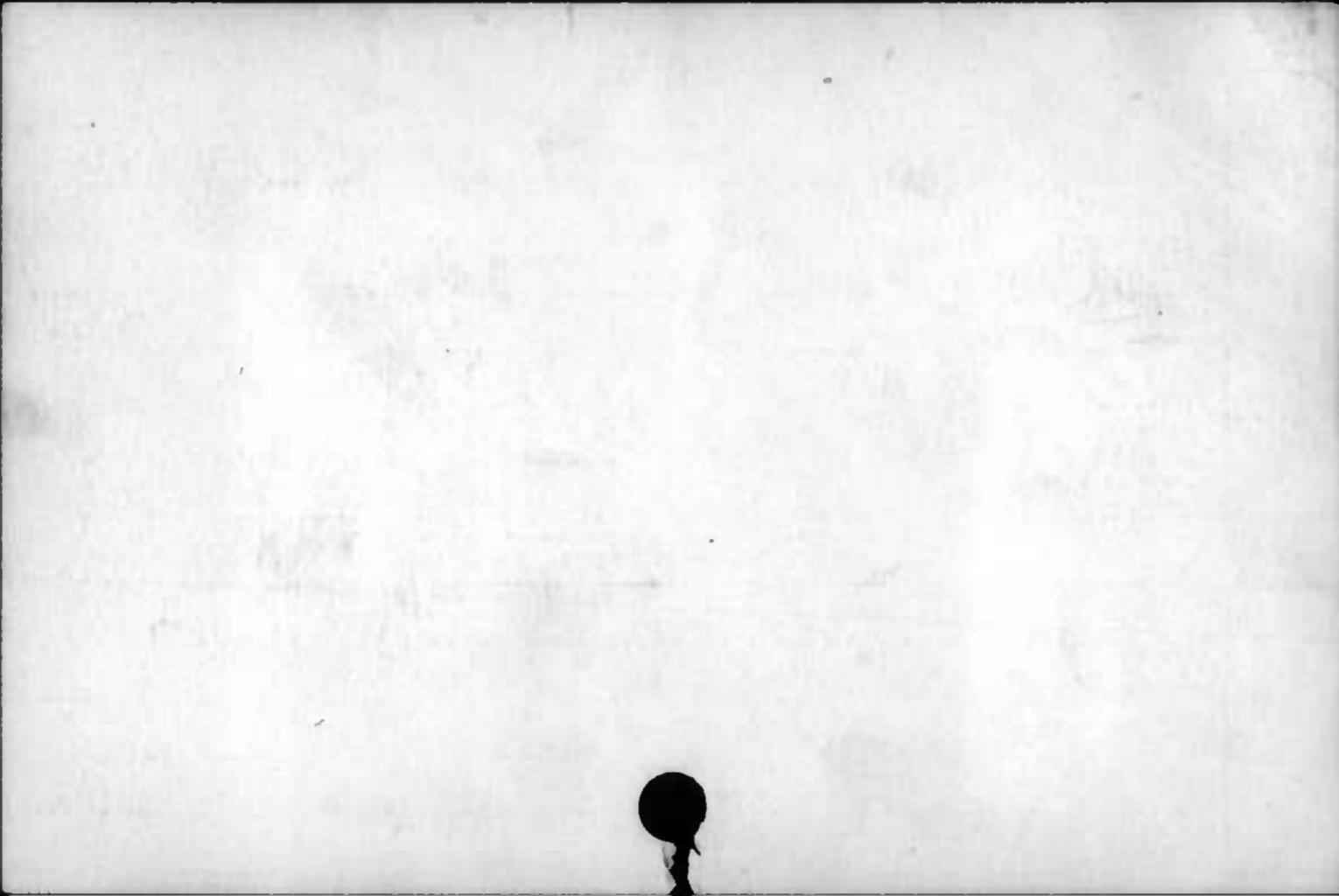
J. A. Callahan

Address

Creswell Md

Accident or Suicide?

No



Name  
in  
Full

Anna M. Neaps.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cardiff</u> Town		County <u>Hopk</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov.</u>	Day <u>28</u>	Age <u>Years</u>	Months <u>17</u>	Days <u>mid</u>
Sex <u>Female.</u>	Color or Race <u>white</u>	Birthplace <u>Cardiff</u>			
Occupation <u></u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>			
Father's Name <u>Nelson A. Neaps</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Tamie Hopkins</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Nelson A. Neaps</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary <u>Strangulation</u>	How long <u>2nd day</u>
Immediate <u>Convolusions</u>	How long <u>3 hr</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. V. Easthury</u>
	Address <u>Cardiff Md</u>
Accident or Suicide? <u></u>	

Nov. 30-07

Slate Ridge

Name  
in  
Full

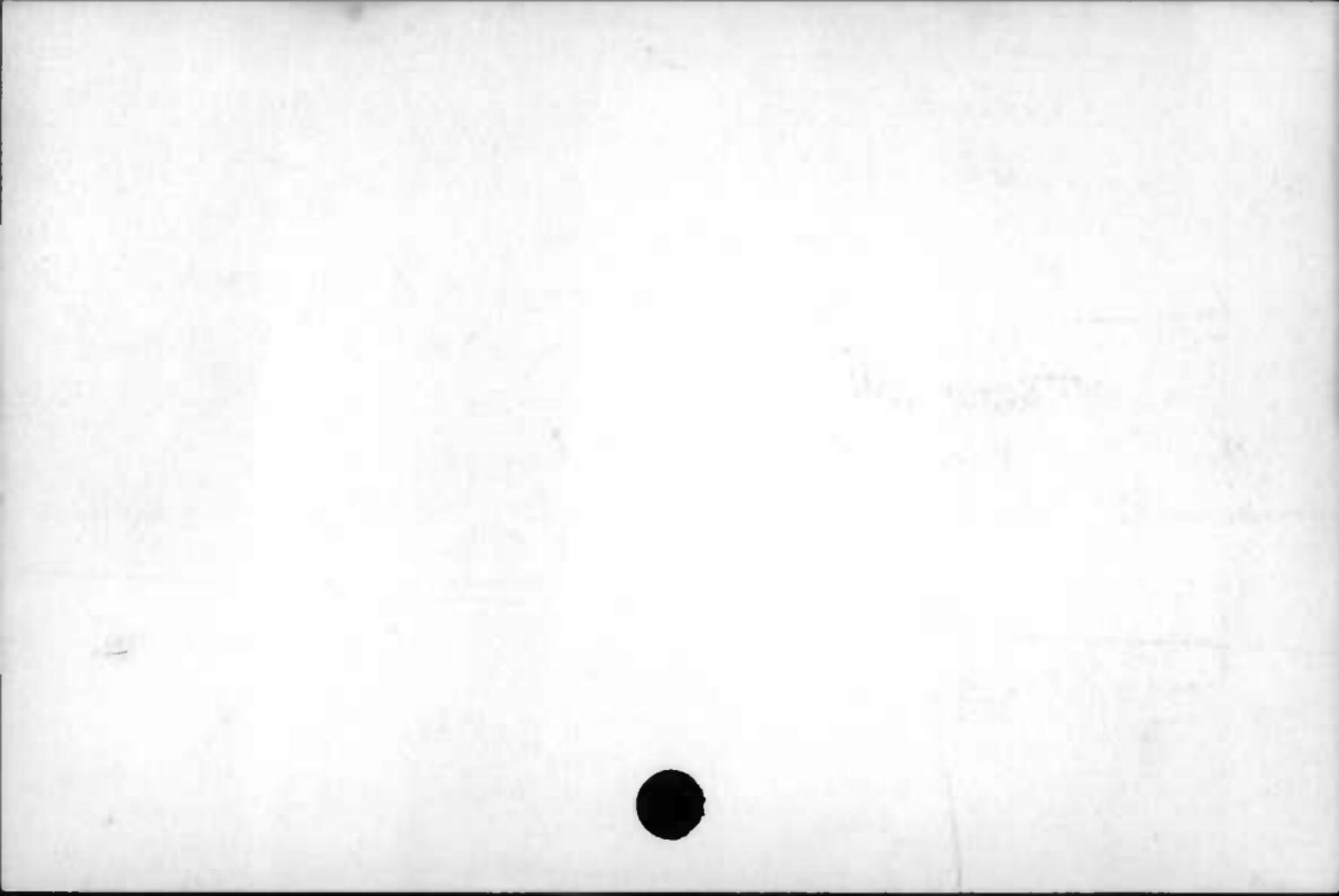
Edith Irene A. Hood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Aberdeen</u>		Town	County <u>Harford</u>		MARYLAND	
Date of death <u>1907 Nov 10</u>	Month	Day	Age <u>72</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	<del>Baltimore Co</del>				
Occupation <u>House work</u>	Where Residing if not at place of death <u>Aberdeen</u>					
<del>Married</del> <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <u>Mar. W. Hood</u>					
Father's Name <u>Lewis Thomas</u>	Father's Birthplace					
Mother's Maiden Name <u>Margaret Thomas</u>	Mother's Birthplace					
Name of person giving information <u>Plant Royal</u>	How related to deceased <u>Grand Daughter</u>					
CAUSES OF DEATH						
Primary <u>Disease of Heart</u>	79					
Immediate <u>accident - Fall</u>	How long <u>Unknown</u>					
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician <u>Dr. Kennedy</u>		How long <u>48 hours</u>	
			Address <u>Aberdeen Md</u>			

Accident or Suicide?



Name  
in  
Full

Mary E. Jackson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	Ind.
Occupation	Where Residing if not at place of death			Bel Air
Married, Single Widowed	Name of Wife or Husband			
Father's Name	George Jackson			Ind.
Mother's Maiden Name	Effison Wiggins			Ind.
Name of person giving information	Amelia B. Jackson			Sister

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

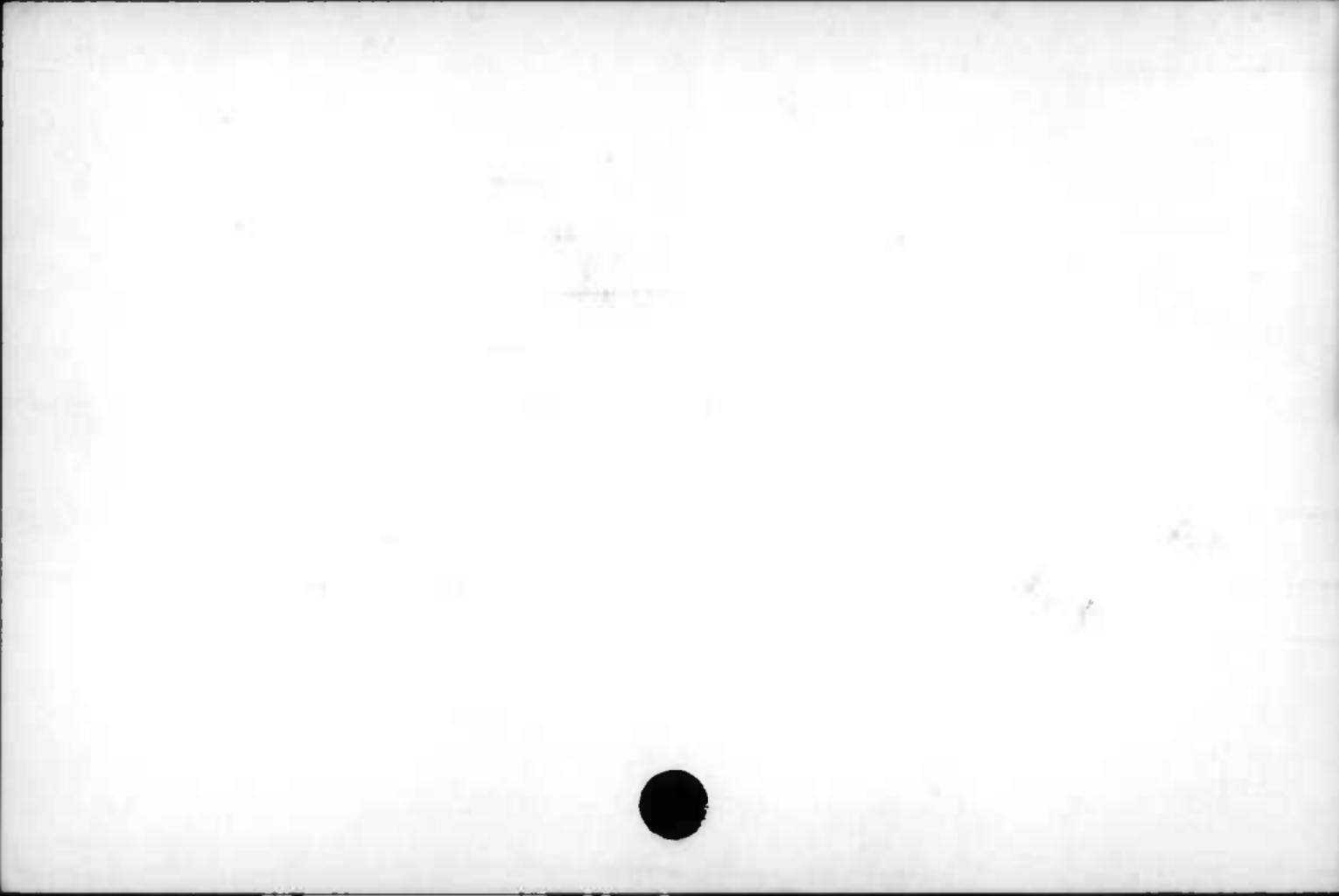
Dr. Chas Richardson

Address

Bel Air Md

9

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Date of death 1907		Month	Day	Years	Months	Days	
Sex	Female		Color or Race	Black			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Joshua Johnson		Father's Birthplace		Mr		
Mother's Maiden Name	Hannah P. Gordon		Mother's Birthplace		My		
Name of person giving Information	Joshua Johnson		How related to deceased		Father		
CAUSES OF DEATH				105			

Primary

Esther

How long

Year

Immediate

11

How long

Year

Are the name, age, sex, color, date and place correctly given above?

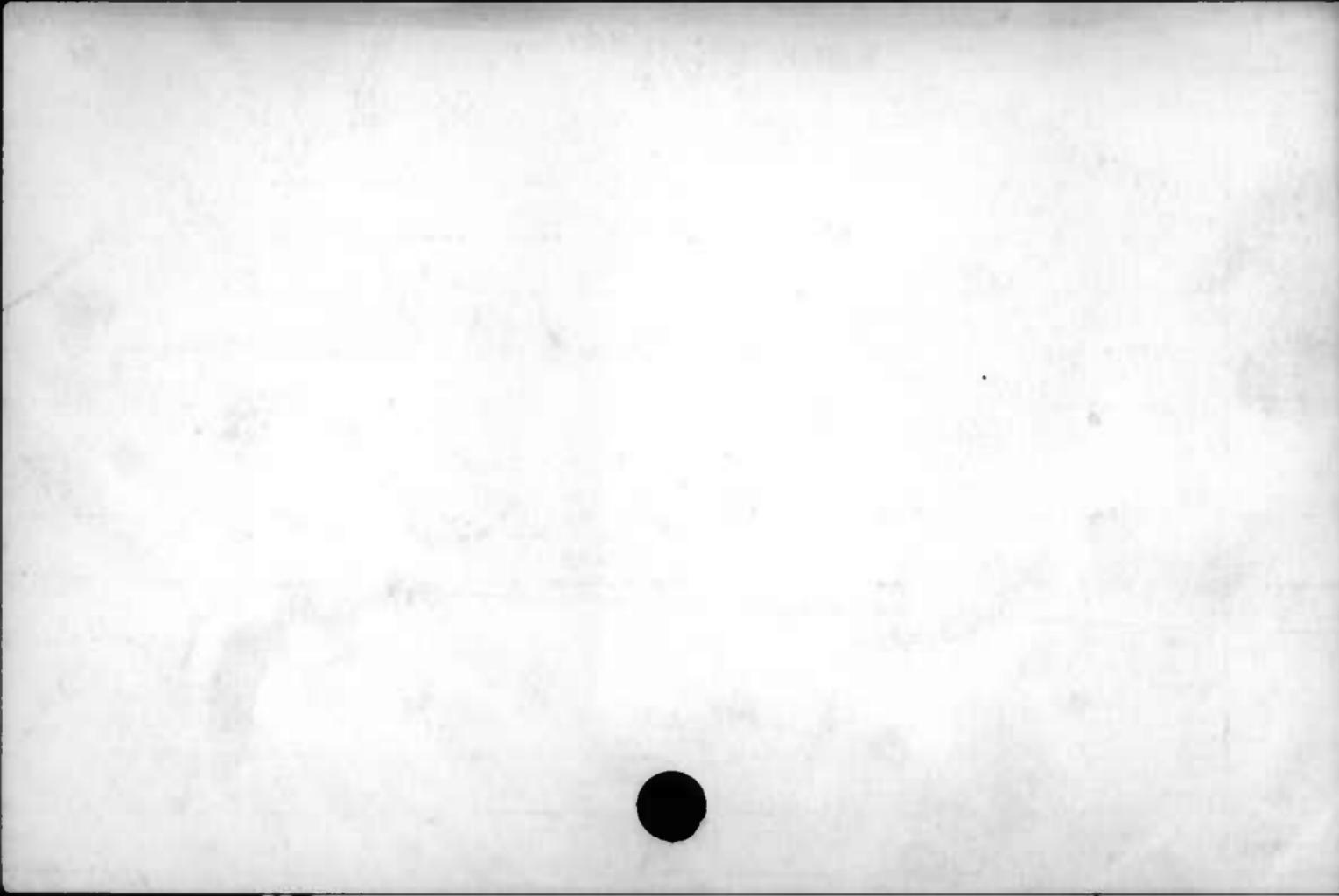
Yes

Signature of Physician

Address

Dr. H. Roberts, M.D.  
Chesapeake

Accident or Suicide?



<p>John George Frederick Lantz</p>				CERTIFICATE OF DEATH				
		Town	County		MARYLAND			
Died at	Edgewood		Karford					
Date of death	1907	Month November	Day 19	Years 54	Age	8	Days 19	
Sex	Male	Color of Race	white		Birth-place	Baltimore		
Occupation	Farmer			Where Residing at place of death	Edgewood			
Married, <input checked="" type="checkbox"/> Widowed	Married	Name of Wife or Husband	Lucinda Stanton					
Father's Name	Jacob Lantz			Father's Birthplace	Germany			
Mother's Maiden Name	Ricketie Emmord			Mother's Birthplace	Germany			
Name of person giving information	Ada Lantz			How related to deceased	Daughter-in-Law			
CAUSES OF DEATH								
Primary	Abdominal carcinoma			How long	3 years			
Immediate	Transitional collapse			How long	60 days			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	R. F. W. Oppermann			
				Address	Abingdon.			
Accident or Suicide?								

45

How long

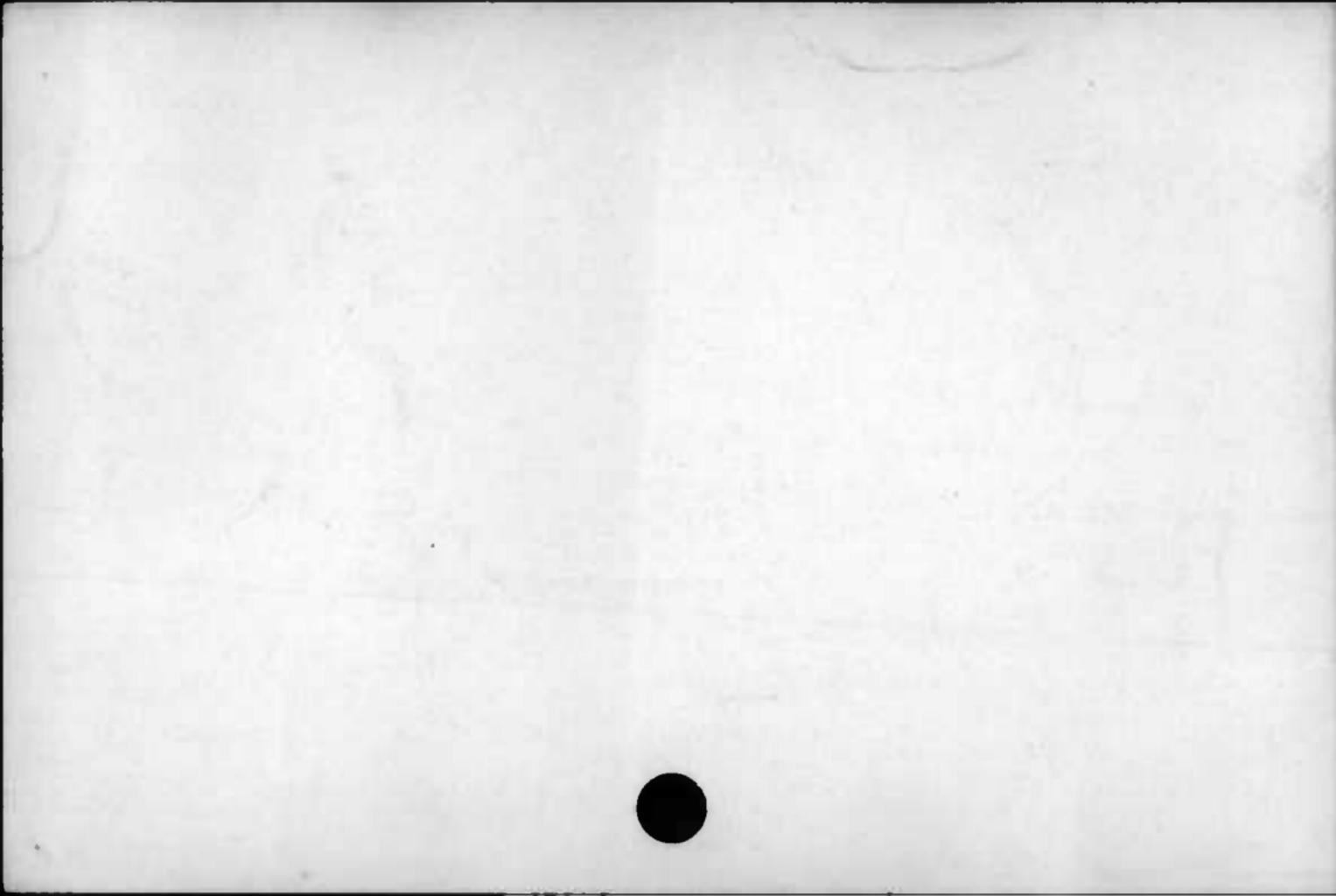
3 years

How long

60 days

Signature of Physician

Address



Name  
in  
Full

James F Lynch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

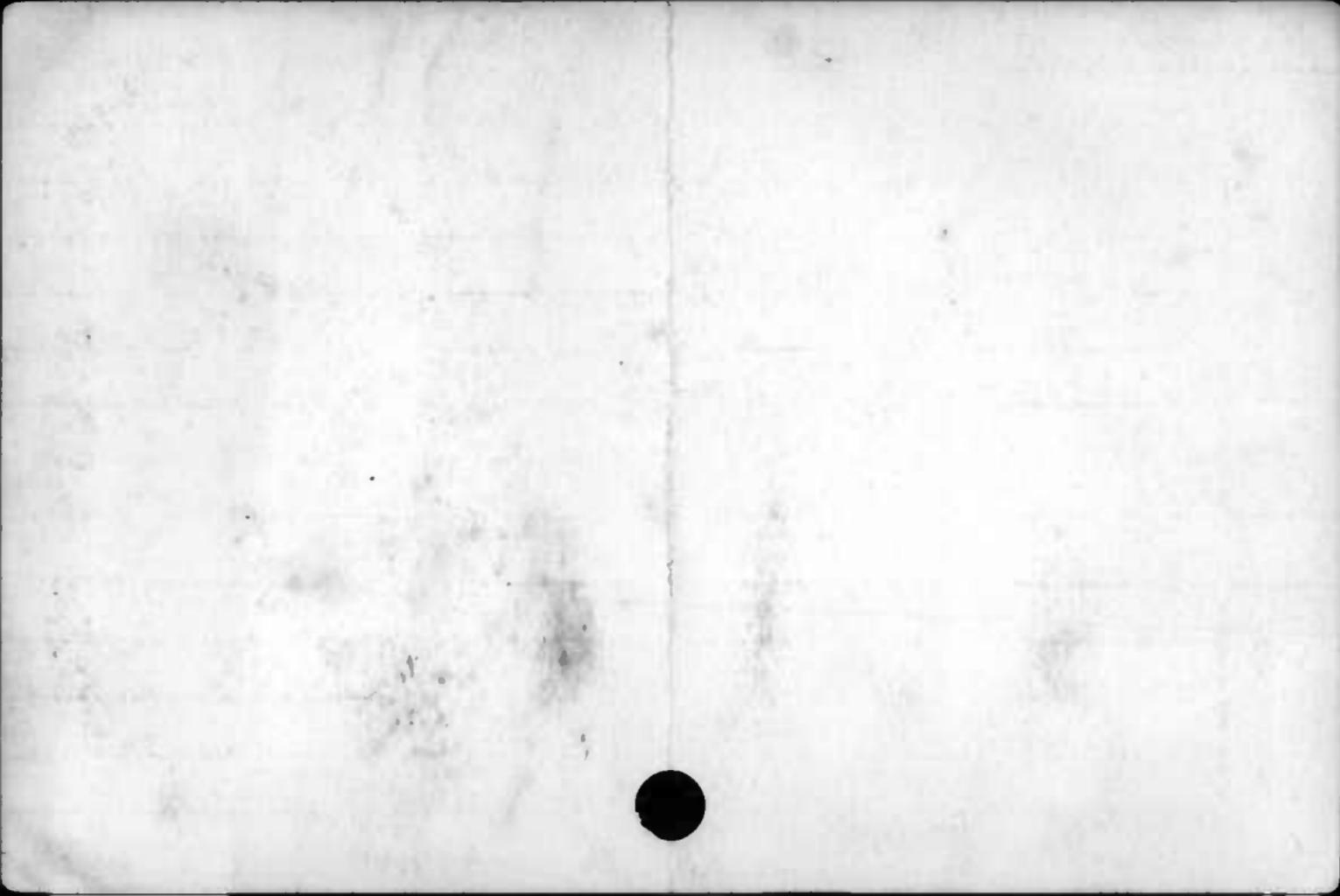
Died at Belcamp		Town	County Harford		MARYLAND	
Date of death 1907	Month 11	Day 7	Age 42	Years	Months	Days
Sex male	Color or Race White	Birth- place Md				
Occupation Farmer	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband			Father's Birthplace Orland		
Father's Name James Lynch			Mother's Birthplace ".			
Mother's Maiden Name Hanna Sullivan			Father's Name James Lynch	How related deceased		Cousin
Name of person giving Information Hannah Lynch			34			

CAUSES OF DEATH

Primary Tuberculosis general	How long 3 years
Immediate Access and exhaustion	How long 4 months
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician McCallahan
	Address Creswell
Accident or Suicide? no	Md

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

Ira Olin Mahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1907	Month Nov.	Day 11	Years 24	Months 4	Days 10
Sex	Male	Color or Race	White	Birth-place	Churchville	
Occupation	Farmer		Where Residing if not at place of death	—		
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	William H. Mahan		Father's Birthplace	Churchville		
Mother's Maiden Name	Mary J. McVey		Mother's Birthplace	York Co, Pa.		
Name of person giving information	E. J. Rubenia Mahan		How related to deceased	Sister		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Phthisis

How long

2 yrs.

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

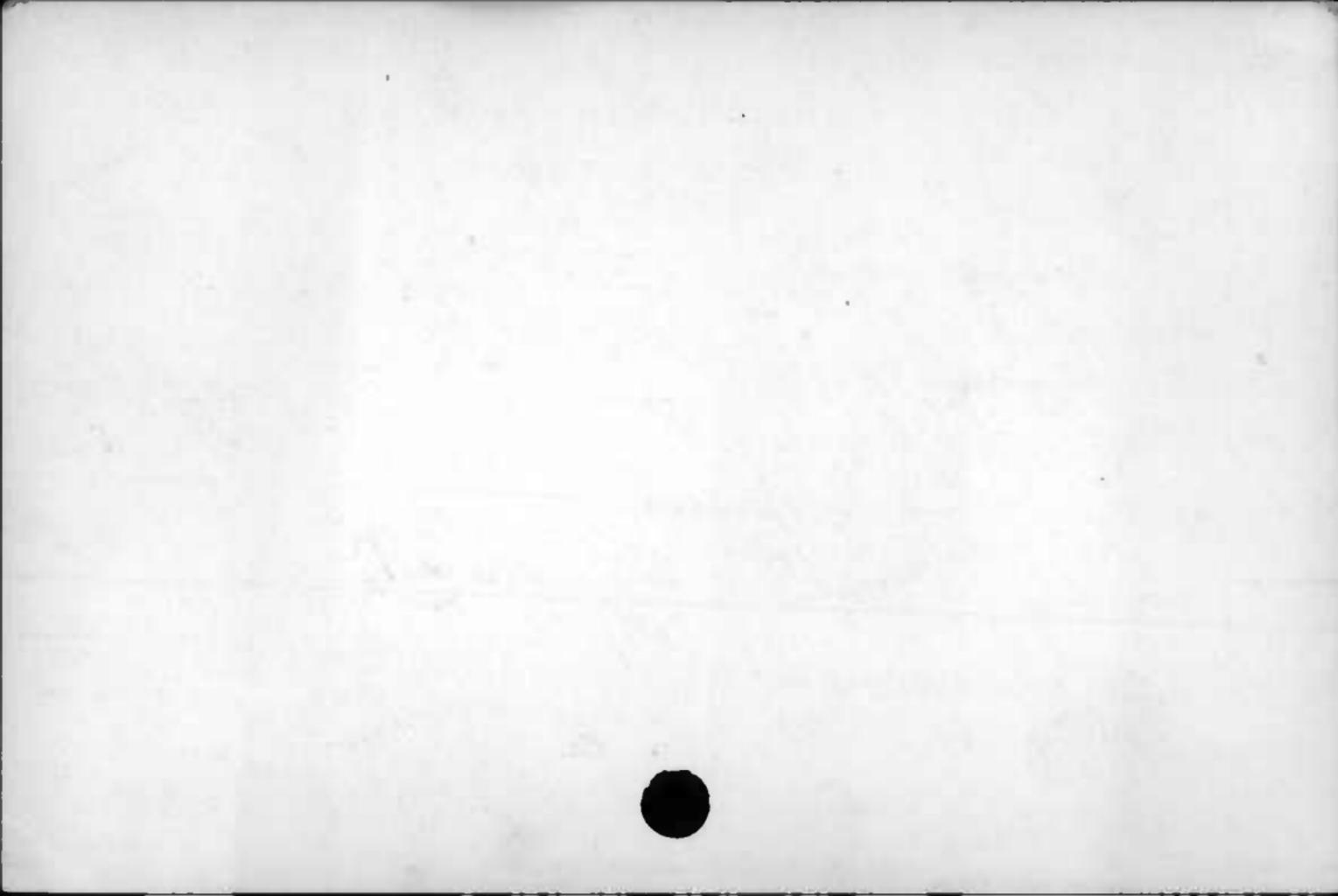
Yes

Signature of Physician

Address

Max A. Kriete  
Aberdeen  
Md.

Accident or Suicide?



Name  
in  
Full

Mary Merkel

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Carrie de Grace Harford	County	MARYLAND		
Date of death	Month Nov.	Day 22	Years 72	Months 4	Days 21	
Sex Female	Color or Race White				Birth- place York County Pa.	
Occupation House work	Where Residing if not at place of death			- - - -		
Married, Single or Widowed Single	Name of Wife or Husband None				Father's Birthplace York County Pa.	
Father's Name Jacob Merkel				Mother's Birthplace Unknown	Mother's Maiden Name Unknown	
Mother's Maiden Name Unknown				How related deceased Nephew.		
Name of person giving Information Henry Merkel						

CAUSES OF DEATH

66

How long

How long

3 days

PHYSICIAN  
OR CORONER

Primary  
age

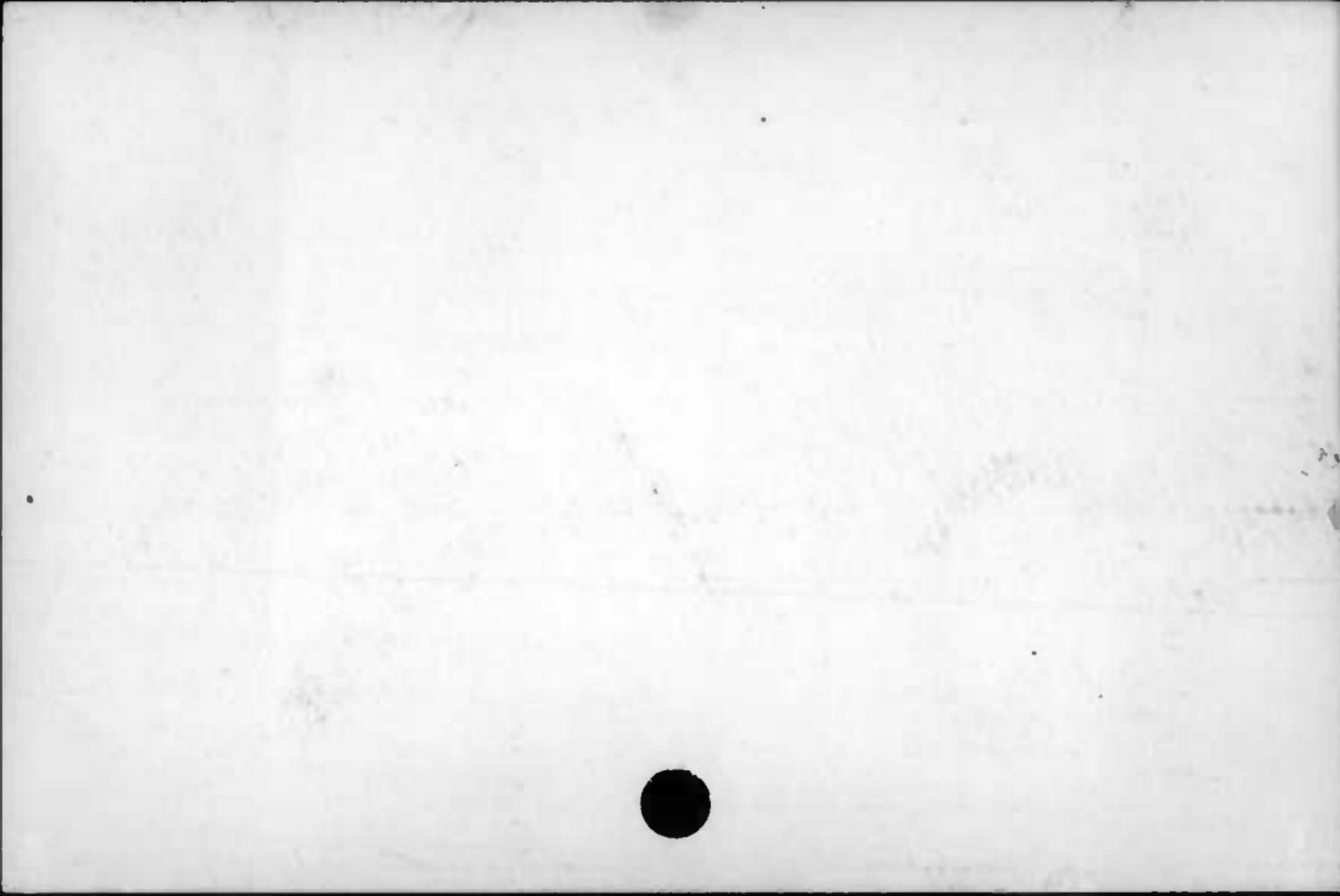
Immediate  
Insulted

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician  
J. H. Smysh

Address  
Carrie de Grace Harford

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Johanna Morris

Died at Town Pylesville

County Harford

CERTIFICATE OF DEATH

MARYLAND

Months Days

Date of death 1907 Month Nov Day 21<sup>st</sup>

Years 48

Age

Sex Female

Color or Race

white

Birth-place

Ind

Occupation

Where Residing if not  
at place of death

Housewife

Married, Single  
or Widowed

Name of wife or  
Husband

Father's Name

George W Smith

Father's Birthplace

Ind

Mother's Maiden Name

Martia Burkum

Mother's Birthplace

Ind

Name of person giving  
Information

J Thomas Morris

How related  
to deceased

Husband

CAUSES OF DEATH

45

Primary

6 am

How long

Ind

Immediate

11

How long

Are the name, age, sex, color, date  
and place correctly given above?

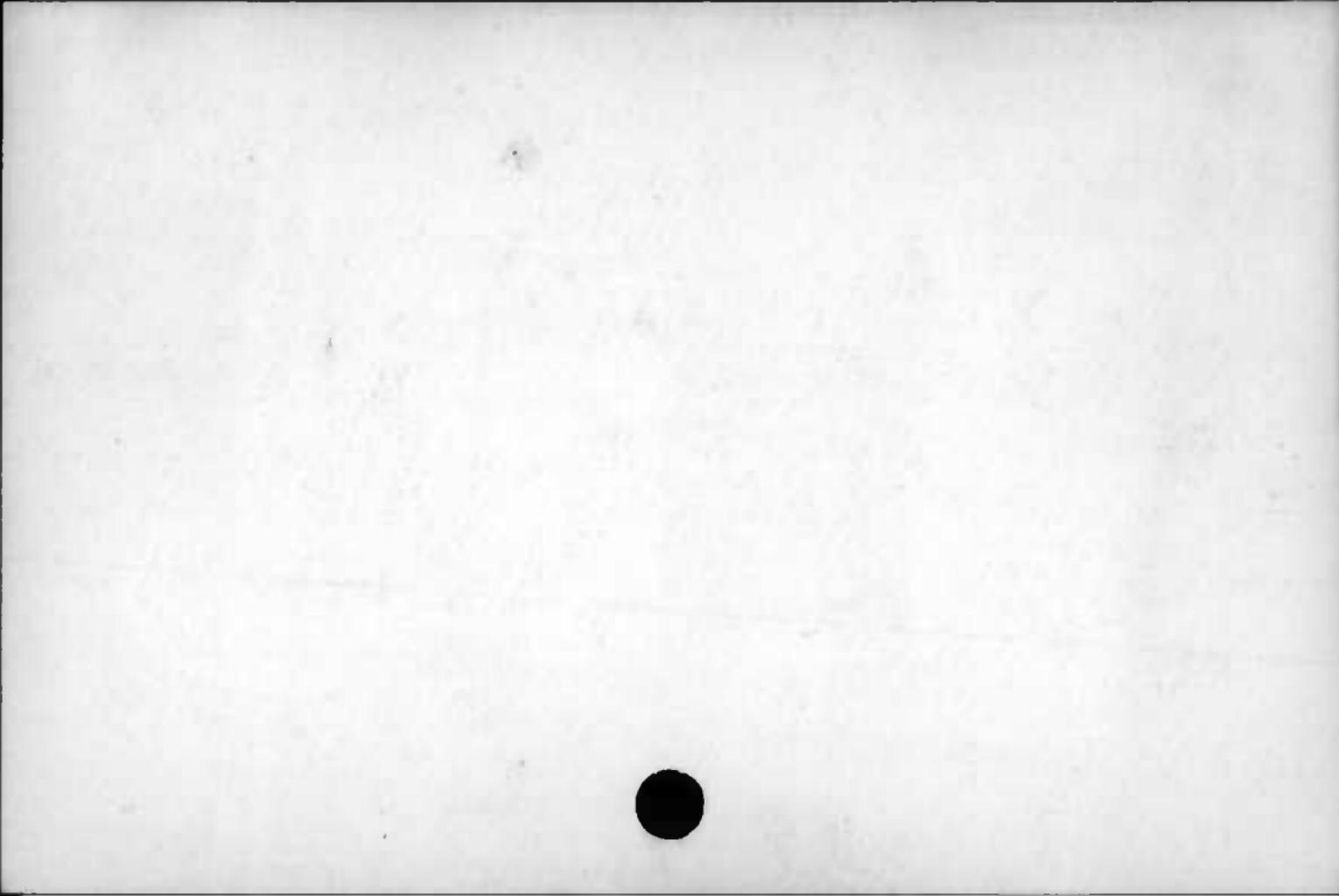
Signature of  
Physician

Address

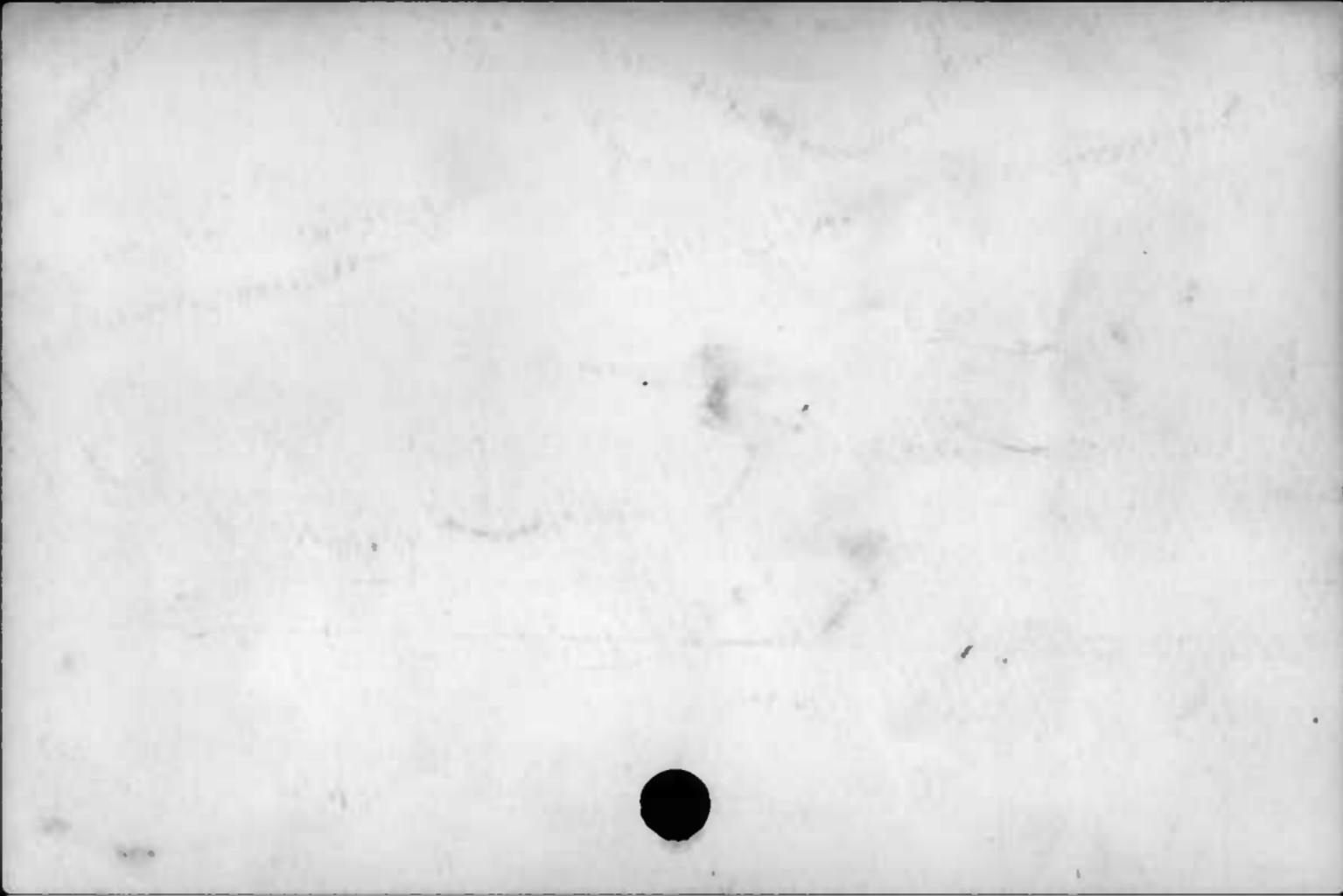


J. E. Mattingly  
Cardiff Md

Accident or Suicide?



Emanuel Ompoldoff or Joseph Eisenowitz						CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND			
Date of death	1907	Month Nov.	Day 26	Age 30	Years	Months	Days	
Sex	Male	Color or Race	White		Birth-place	Russia		
Occupation	Labor		Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown		Father's Birthplace	Russia		
Father's Name	Unknown				Mother's Birthplace	..		
Mother's Maiden Name	Unknown				How related to deceased	None		
Name of person giving information	A Bloomberg				172			
CAUSES OF DEATH								
Primary	Drowned				How long			
Immediate	Drowning				How long			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Michael N Foley Coroner				
			Address	St. Ann de Grace, Md				
Accident or Suicide?								



Name  
in  
Full

Agnes B Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Townswood Harford</u>		Town	County	
Date of death <u>1907</u>	Month <u>11th</u>	Day <u>11th</u>	Years <u>59</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Centre York Co</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>at place of death</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Calvin Richardson</u>			
Father's Name <u>William Wiley</u>	Father's Birthplace <u>Centre York Co</u>			
Mother's Maiden Name <u>Mary Leib</u>	Mother's Birthplace <u>—</u>			
Name of person giving information <u>Son</u>	How related to deceased <u>Son</u>			

CAUSES OF DEATH

66

How long

3 months

How long

PHYSICIAN  
OR CORONER

Primary

Paralysis

Immediate

Are the name, age, sex, color, date and place correctly given above?

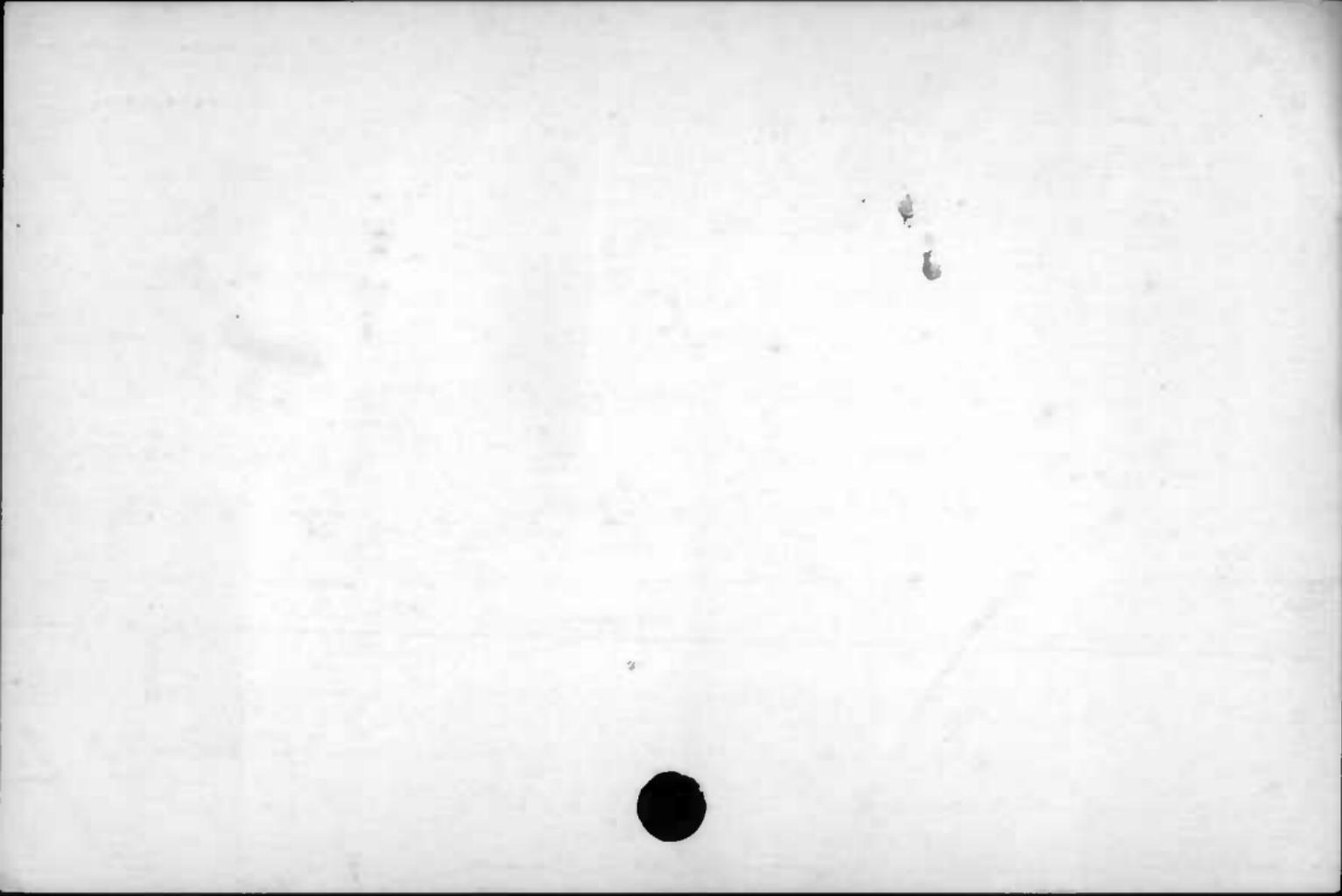
Yes

Signature of Physician

W. B. Hayward M.D.  
Pylesville  
Harford Co. Md

Address

Accident or Suicide?



Name  
in  
Full

Mary Elizabeth Richardson CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

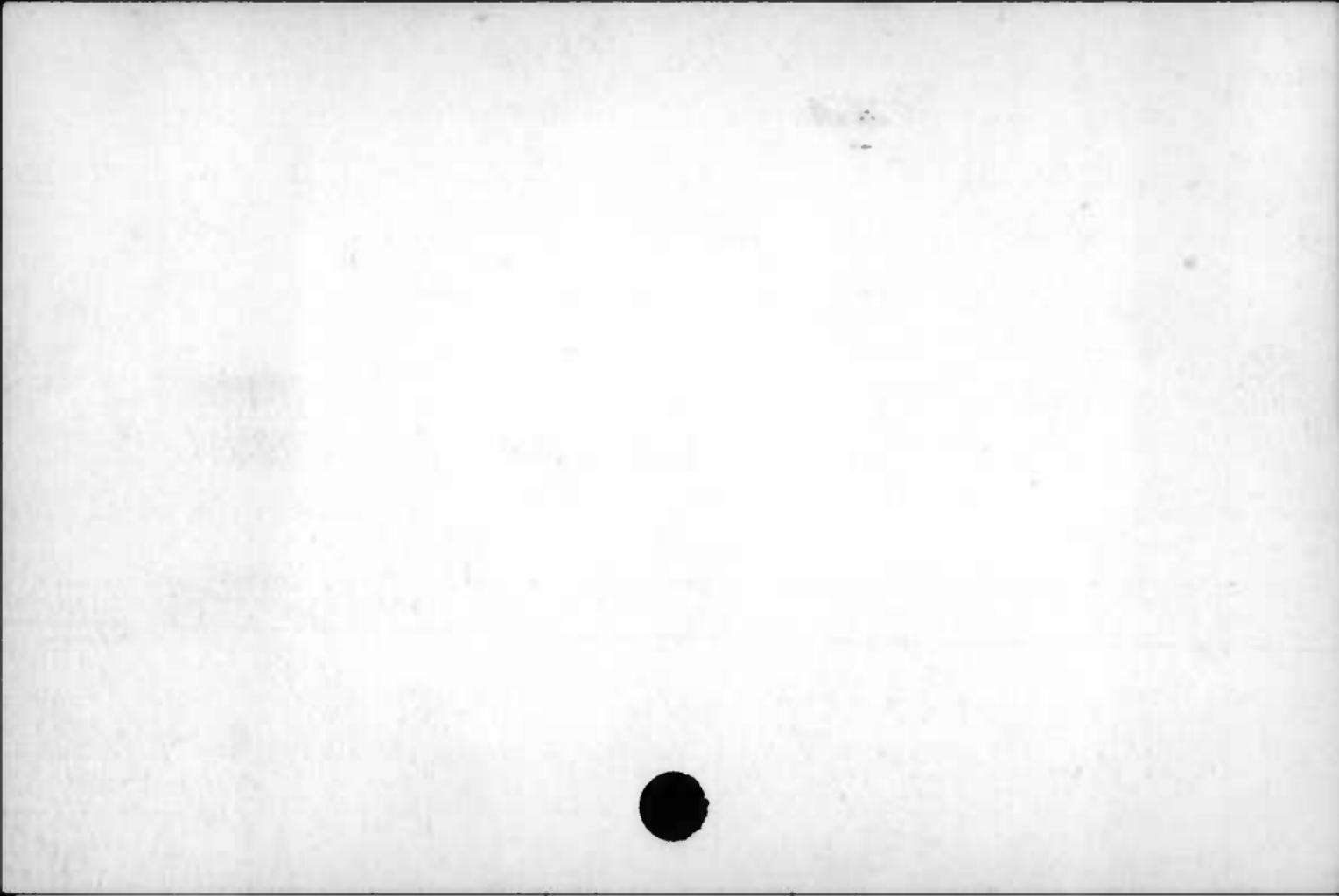
Died at <u>Old Baltimore</u>		County <u>Harford</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>1</u>	Year <u>73</u>	Months <u>2</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Richardsville</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death <u>Old Baltimore</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Be F Courtney</u>	Father's Birthplace <u>Follett</u>				
Mother's Maiden Name <u>Mary Ann Marjorie</u>	Mother's Birthplace <u>Follett</u>				
Name of person giving Information <u>J. F. Richardson</u>	How related <u>Son</u>				

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <u>Gastritis</u>	How long <u>1 month</u>
Immediate <u>Heart failure</u>	How long <u>7 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Kissie Robinson

CERTIFICATE OF DEATH

Died at		Town	Forest Hill	County	Maryland	
Date of death	1907	Month	11	Day	19	Years
Age	80	Color or Race	colored	Birth-place	Months	Days
Sex	Female	Occupation	House	Where Residing if not at place of death	Ind.	
Married, Single or Widowed	Widow	Name of Wife or Husband	F.			
Father's Name	Doris Bryan		Father's Birthplace	Ind.		
Mother's Maiden Name	Doris Bryan		Mother's Birthplace	Ind.		
Name of person giving information	Scott. Robinson		How related to deceased	Son		

CAUSES OF DEATH

Primary

Old Age

154

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. P. Smithson  
Forest Hill Ind.



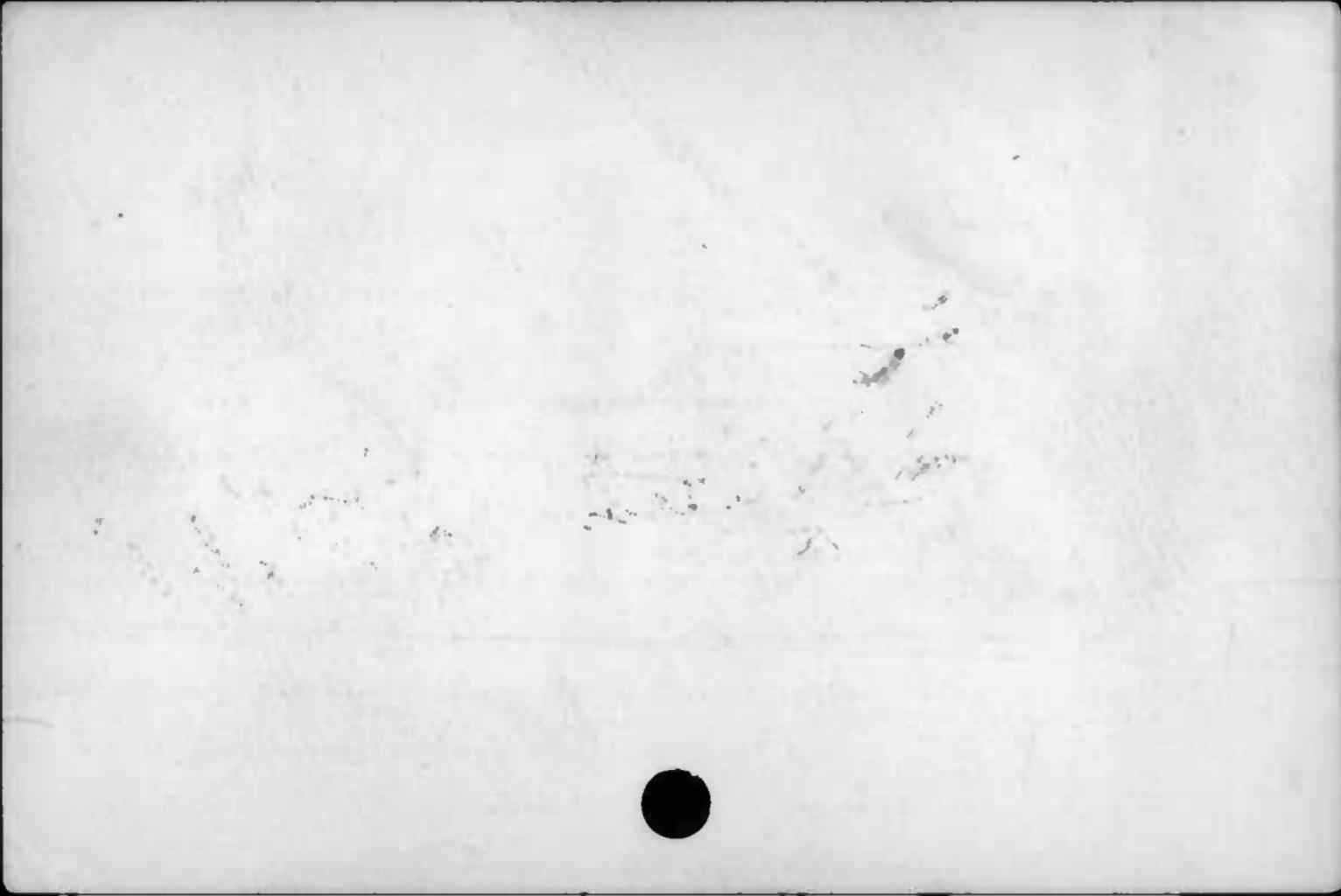
Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month Nov	Day 3	Years 72	Months	Days
Sex	Female	Color or Race	White	Birth-place	3rd	
Occupation	Housekeeper					Where Residing if not at place of death
Married, Single or Widowed	Widow	Name of Husband	George Shephace			
Father's Name	Charles G Holloway					Father's Birthplace
Mother's Maiden Name	Ann Dytie					Mother's Birthplace
Name of person giving information	Richard Holloway					How related to deceased
CAUSES OF DEATH						
Primary	Bronchitis					66
Immediate	Paralysis					How long Two weeks
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		How long 2 days	
yes.			Address		J. D. Dytie Owymann	
Accident or Suicide?						

PHYSICIAN  
OR CORONER



Name  
in  
Full

Bailey Stblair

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

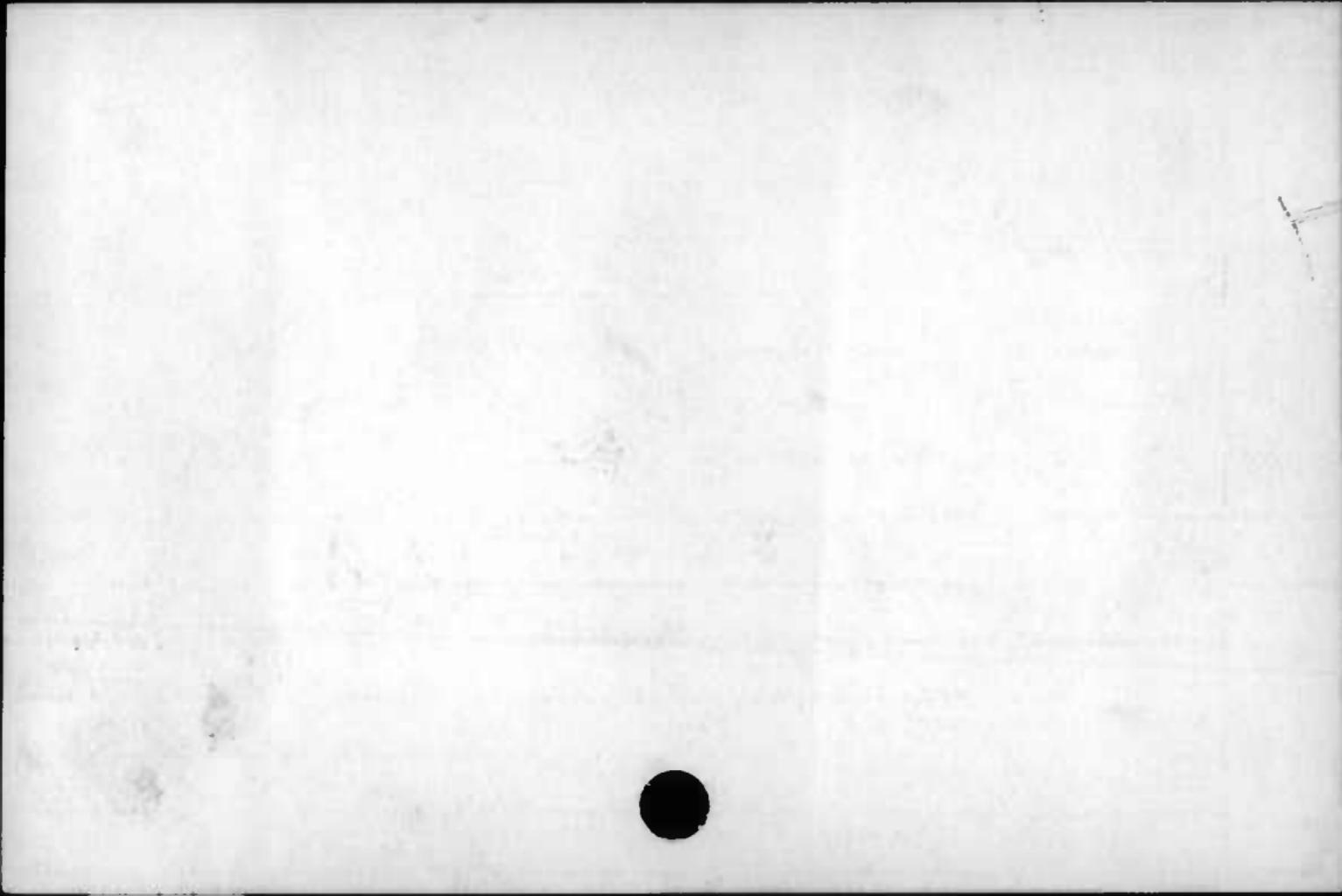
PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	1907	Month Nov	Day 9 <sup>th</sup>	Year 82	Month
Sex	Male	Color or Race	White	Birth-place	Harpers Ferry Md.
Occupation	Farmer				
Married, Single or Widowed	Single	Name of Wife or Husband	Where Residing if at place of death		
Father's Name	Bailey Stblair			Father's Birthplace	Maryland
Mother's Maiden Name	Elizabeth Vernay			Mother's Birthplace	.
Name of person giving Information	David V Stblair			How related to deceased	Nejibew

CAUSES OF DEATH

120

Primary	Chronic Intestinal Nephritis		How long	Several years
Immediate	Uremia		How long	several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. F. Bradley	
yes		Address	Gardettaville Md.	
Accident or Suicide?				



Annie E. Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
Sex		Color or Race	Age		Birth-place		
Occupation		Where Residing is not at place of death		-Forest Hill			
Married, Single or Widowed		Name of Wife or Husband		Ind.			
Father's Name		Elijah Stewart		Ind.			
Mother's Maiden Name		Hannah Johnson		Ind.			
Name of person giving Information		Aaron J. Stewart		Nephew			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Cerebral hemorrhage		64		
	Immediate		Convulsions		One day - few hours -		
Are the name, age, sex, color, date and place correctly given above?			Yes.		Signature of Physician A. F. Van Tassel		
					Address 3rd Cir. Md.		
Accident or Suicide?			No -				

19

Clarks Chapel

Name  
in  
Full

Bertha Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Oaklynge</u>		Town	County <u>Harford</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Dec</u>	Day <u>20</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>colard</u>	Birthplace <u>Haverde Grace</u>					
Occupation <u>—</u>	Where Residing if not at place of death <u>Oaklynge</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Bornetis Taylor</u>		Father's Birthplace <u>Baltimore</u>				
Father's Name <u>Bornetis Taylor</u>			Mother's Birthplace <u>Harford Co</u>				
Mother's Maiden Name <u>Munni Richardson</u>			How related <u>Mother</u>				
Name of person giving information <u>Munni Richardson</u>							

CAUSES OF DEATH

103

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

Interitis

How long 2 days

Are the name, age, sex, color, date and place correctly given above?

yes

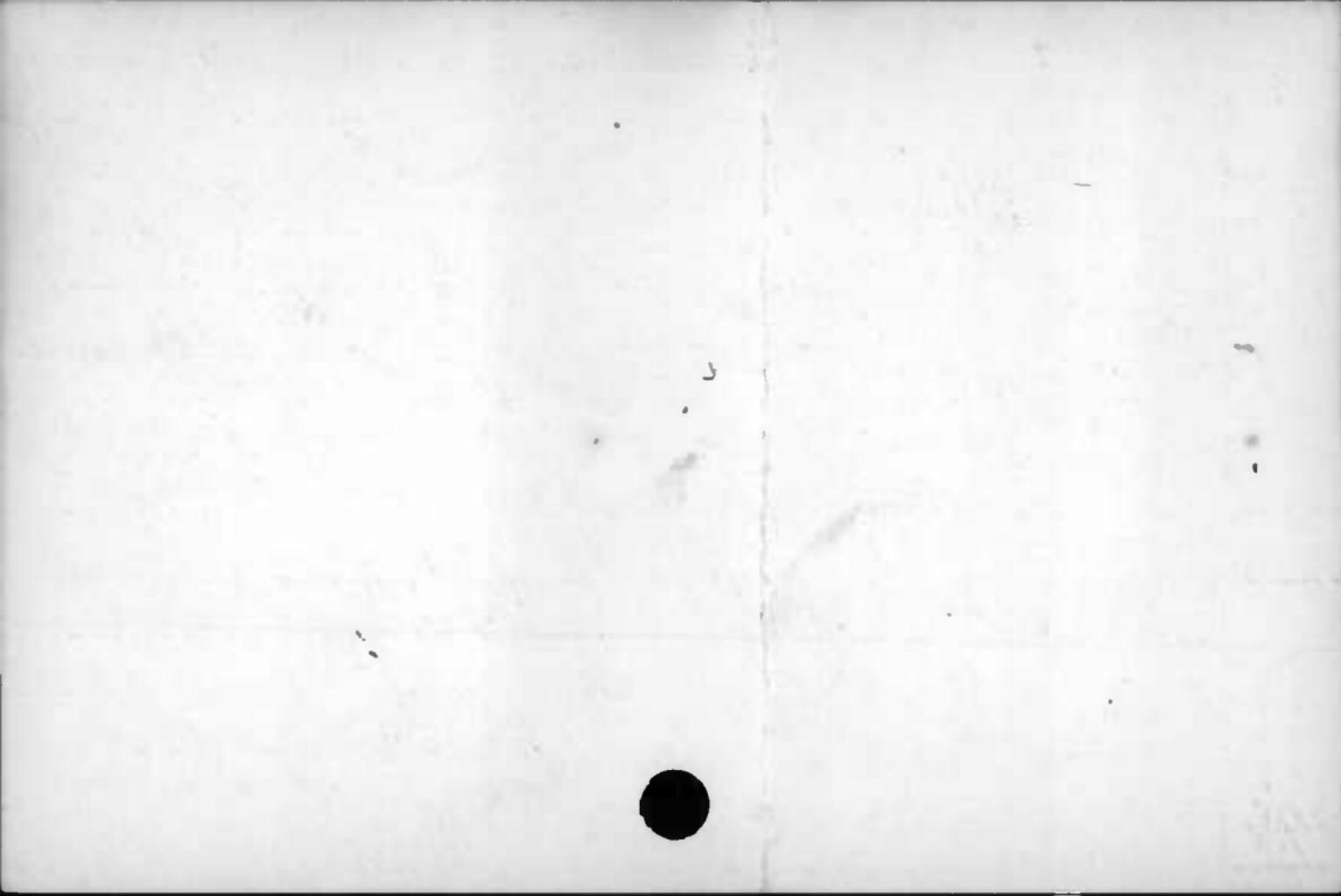
Signatures of Physician

J. L. Hopkins

Address Haverde Grace

2nd

Accident or Suicide?



Name  
in  
Full

Lillian Walker

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

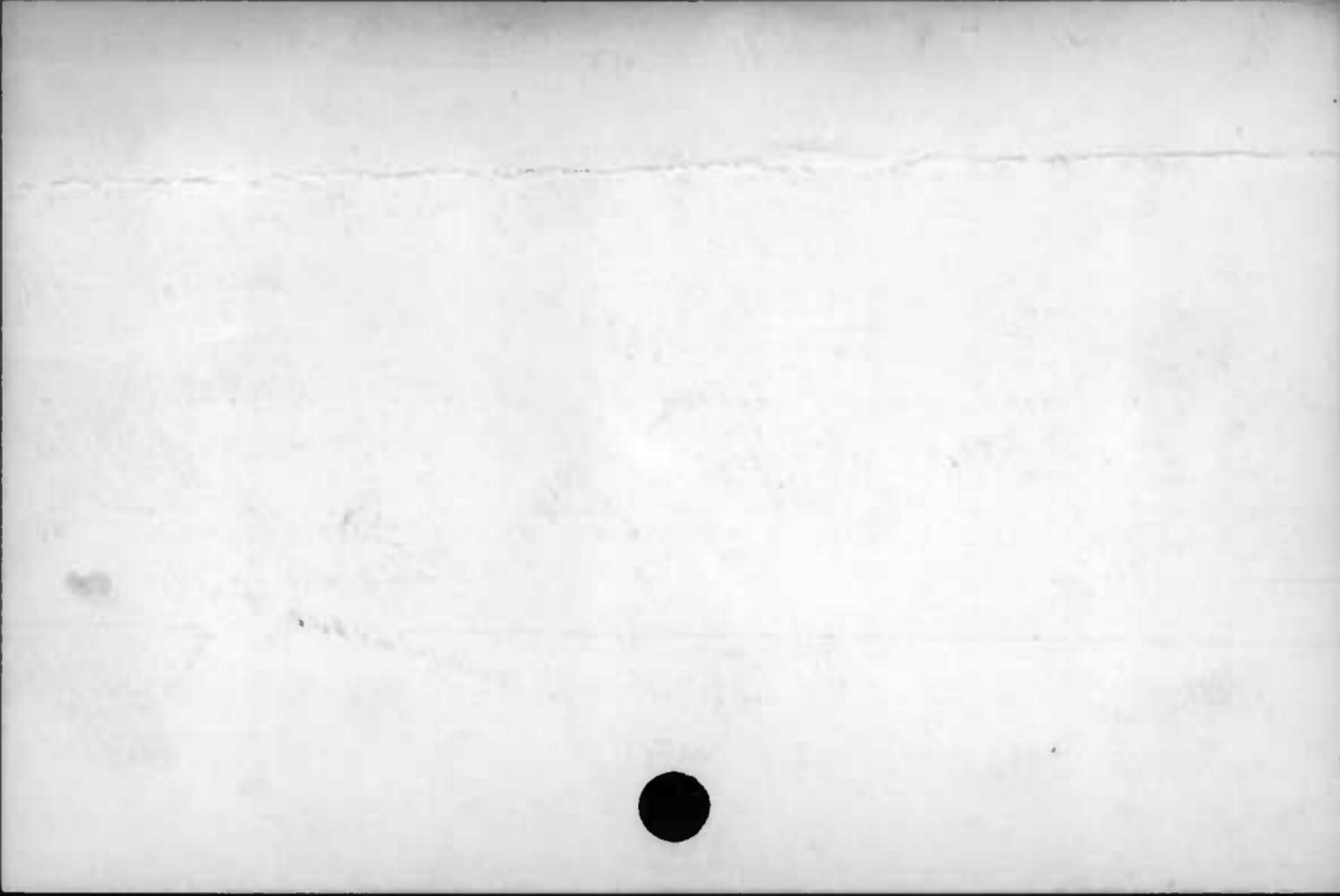
Town	Died at Webster			County	Maryland	
Date of death	Month	Day	Years	Months	Days	
1907	11	29	18	1	17	
Sex	Female	Color or Race	White	Birth- place	Webster Md	
Occupation	Housewife			Where Residing if not at place of death	at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	Not married	Father's Name	Worfield S Walker	
Father's Name	Worfield S Walker			Father's Birthplace	Worfield	
Mother's Maiden Name	Oleta K Womack			Mother's Birthplace	Lugard	
Name of person giving Information	Mrs Oleta K Walker			How related to deceased	Mother	

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Malaria		
Immediate	General debility		
Are the name, age, sex, color, date and place correctly given above?			
Yes			
Signature of Physician			
R H Smith M.D.			
Address			
Home in Grace Md			
Accident or Suicide?			



Name  
in  
Full

Ellen R. Webster

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	whiteford	County	ford	Months	Days	
Date of death	1907	Month	Nov.	Day	4	
Age	87	Years	87	Months	4	
Sex	Female	Color or Race	white	Birth-place	md	
Occupation	House keeper	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Michael Whitedford			Father's Birthplace		
Mother's Maiden Name	Campbell			Mother's Birthplace	Pa	
Name of person giving information	Michael Webster			How related to deceased	Son	

CAUSES OF DEATH

154

How long

How long

PHYSICIAN  
OR CORONER

Primary

old age

Immediate

"

"

Are the name, age, sex, color, date and place correctly given above?

Y

Signature of Physician

Address

D. R. E. Astley  
Cardiff M.D.

Accident or Suicide?

Nov. 7-07  
Slate Ridge

Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Henry Welch

Berwyn

Town

County

Died at

Harford

MARYLAND

Date  
of death

1907

Month

Day

Years

Months

Days

Xer

12

87

Age

Sex

Color or  
Race

Birth-  
place

Black

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Daymer & Welch

Father's  
Name

Edward Welch

Father's  
Birthplace

Mother's  
Maiden Name

Violet Kell

Mother's  
Birthplace

Name of person giving  
Information

Doris F. Holland

How related  
to deceased

Son

CAUSES OF DEATH

66

Primary

Paralysis

How long

1 day

Immediate

Paralysis

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

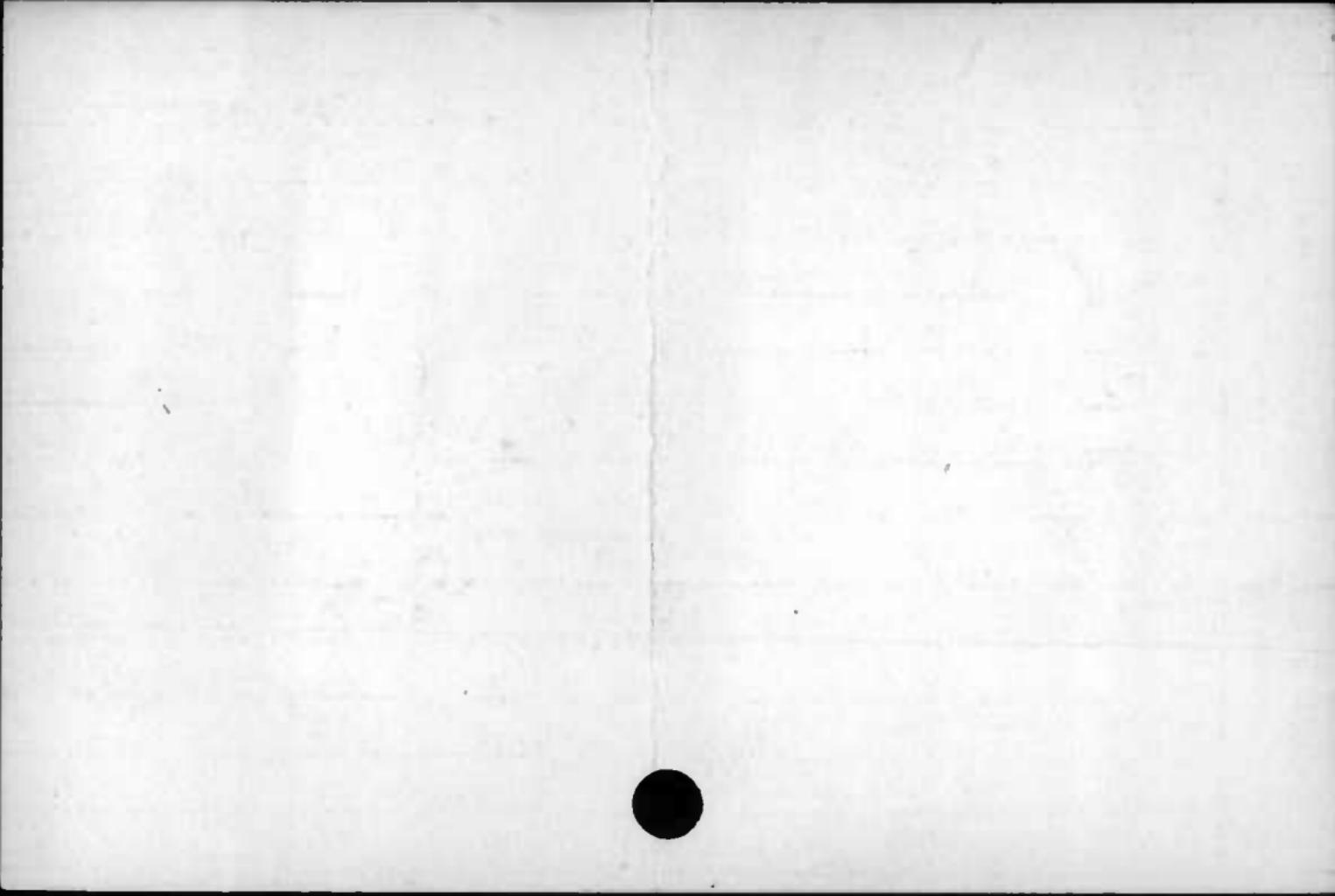
Signature of  
Physician

Address

Dr. Stu  
Grimm

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Elizabeth Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Harford		County		MARYLAND			
Date of death	Month	30	Day	76	Years	—	Months	—	Days
Sex	Female	Color or Race	White	Birth-place	Harford Co. Md.				
Occupation	House work		Where Residing if not at place of death	Williams					
Married, Single or Widowed	Married	Name of Wife or Husband		Henry Arnold					
Father's Name	Henry Arnold		Father's Birthplace	Harford Co.					
Mother's Maiden Name	Elizabeth Baker		Mother's Birthplace	Harford Co.					
Name of person giving information	W. L. Baker		How related to deceased	Son in law.					

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary

Acute Indigestion

How long

4 hours

Immediate

Bronchitis

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Haslett Smith  
Abingdon Md

Accident or Suicide?

